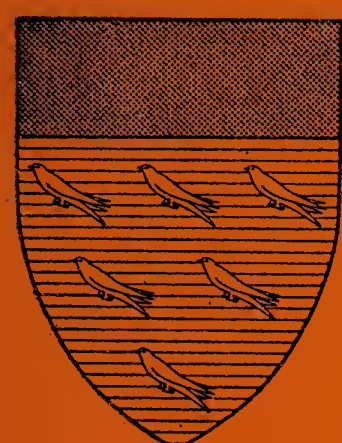


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THE
ANNUAL
REPORTS
OF THE
COUNTY
MEDICAL
OFFICER
OF
HEALTH
AND
PRINCIPAL
SCHOOL
MEDICAL
OFFICER



THE
HEALTH
OF
WEST
SUSSEX

1967



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THE OFFICIAL OPENING OF FORDWATER TRAINING CENTRE

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But organisational changes, whether resulting from the Royal Commission or from us, will not of themselves achieve our purpose fully. A general change of attitude is needed most of all. The characteristic *result* of local government action is seen in such material things as schools, homes, traffic signs and refuse-bins. But the *purpose* of such action is invariably *human happiness*. And the action itself is taken by *people*, for *people*.

*Report of the Committee on the
Management of Local Government (1967)*

Telephone: Chichester (0243) 85100

METROPOLITAN HOUSE
NORTHGATE, CHICHESTER
15th May, 1968

To the Members of the County Council of West Sussex

I present for your information another edition of *The Health of West Sussex*. The present issue comprises my Annual Reports on the Health of the County and of the School Child for the year 1967 and is the eighth for which I have been responsible.

Blossom and Blight

In a report which covers a period of only twelve months, it is inappropriate to attempt to do more than record the annual statistics, to draw attention to new developments and to refer to changes of emphasis in the Department's work. These are generally the limits within which the material in this Report has been confined.

The more important statistics, including those indices which give general guidance on the state of the public health, will again be found in Part I. There were some minor changes but few were remarkable. Compared with 1966, the population increased by nearly 6,000, all of which (since deaths again exceeded births) was due to inward migration; the birth rate remained the same, the death rate fell (as also did infant and neonatal mortality) but an increase in the number of stillbirths resulted in a slight rise in the perinatal mortality rate; for the second successive year, no woman in the County died from maternal causes but illegitimacy continued to flourish.

In West Sussex, as elsewhere, the most notable contribution to the public health during 1967 was made by the Minister of Transport who, in the teeth of a shrill defence of the Briton's inalienable right to drink too much and drive, introduced a simple, authoritative measure which, in its first three months of operation, promised an annual *reduction* of some 2,000 deaths and 65,000 injuries at our present rate of carnage.

Most of the activities of the Department are mentioned in Parts II to IX of the Report and the general index on page 99 will facilitate quick reference. Part III deals with the care of mothers and young children and records that 85 per cent of all births in the County took place in hospital; although there was an unexpected rise in attendances at child welfare centres during the influenza epidemic which started in December, 1967 the numbers of children attending these centres continued to decline as also did the demand for welfare foods.

The emphasis in Part IV is on the care of the elderly, particularly by the home nursing, home help and chiropody services. The non-therapeutic advisory clinics for the elderly at Bognor Regis and Littlehampton got off to a good start but it is clear that much more will have to be done

for our old people than has so far been attempted. It is a sad commentary on the affluent society in which we live that in the Worthing area alone there are more than a hundred elderly people, mostly old ladies, who are in need of hospital accommodation for whom no place can be found.

The continuing modernisation of the ambulance service is recorded in Part V. Details are given of the new station opened in March, 1967 at Littlehampton — the seventh to be built by the County Council since the service became directly administered in 1963.

In reviewing Part VI of the Report (which turns from physical to mental health) one can only marvel, not at the growing numbers of the mentally disordered (though there was a 12 per cent increase in the number of admissions to mental hospitals), but at the surprising resilience and capacity for stable survival of the huge majority of our people. With their senses battered by our increasingly frenzied and degraded press and television, with their reasonable aspirations shaken and their pockets persistently picked by successions of popularity-bent political Jacks-in-office, and with their innocent hopes of pleasure in something new repeatedly dashed by the tawdry products of too many businesses — somehow they manage to survive.

The encouraging development of health centre schemes, which bid fair to herald an improved partnership between the local health and family doctor services, is recorded in Part VII. In those areas of the County where a health centre is to be built, no fewer than 42 per cent of the family doctors have indicated their intention to provide general medical services from the proposed centres subject to the premises being designed to satisfy their reasonable professional requirements.

In close cooperation with the district health authorities, the Department continued to participate in the improvement of the environmental health services and Part VIII gives particulars of action taken in connection with milk supplies and rural water and sewerage schemes.

The school health service (dealt with in Part IX of the Report) provides, in an increasingly comprehensive way, an occupational health service for schoolchildren, whether they be “normal” or handicapped. This involves an elaborate combination of skills and sympathies — not least those of teachers and parents — which is almost invariably attained. As social conditions and educational aims are modified, appropriate and matching changes in the school health service continue to be made.

Computers and Compassion

The aim of any competent public administration, in the health service and elsewhere, should be to combine efficiency and economy with loving care. This at any rate is the continuing objective of the County Health Department and if the information contained in these pages does no more than bring out that message it will have done its work.

Computers have been used by the Department for more than five years — longer than by any other health department in the country — and some of the fruits of the seeds first sown in 1962 are now being harvested. The immunity of children to infectious disease is better in West Sussex than in the area of any other local health authority in the country. Part II of the Report shows that in 1966 the County was in fact the only authority in England and Wales to achieve immunisation of over 90 per cent of children against diphtheria, whooping cough and poliomyelitis; for every child vaccinated against smallpox in that year in the country as a whole, two were protected in West Sussex. Much of this highly satisfactory performance is due to the administrative advantages of centralisation and large-scale organisation which the use of a computer makes possible. In no small measure it is also due to the entirely voluntary cooperation of parents in seeing that appointments are promptly kept and to the enthusiasm of doctors and nurses who have been quick to recognise the promise of new methods of working.

In other directions too — notably in the ambulance, dental, home help, nursing and school health services — the computer is beginning to change the eyeball-cerebral-manual processes which the Department has developed over the years. As time permits, conventional systems of procedure are being meticulously examined and new computer applications are being conceived. One such application which became operational in July, 1967 (the prevention of some forms of cancer in women) is described in detail at Appendix C. Other advances will be made and will undoubtedly be accelerated if the consultations now taking place with the Ministry of Health and the National Computing Centre result, as seems possible, in the establishment of a national health records computer development team in West Sussex.

Computers are introducing a new dimension into the practice of preventive medicine. If only we can summon sufficient resources and initiative, they will play an increasingly important part in improving health and preventing disease. But their development as tools of human management must not replace the essential human qualities of sympathy and kindness. They must remain the servants and not become the masters of men. Of all the departments of the County Council, the Health Department stands alone in having statutory duties to undertake for the entire population. It is continually dealing with people — often people in distress. However much it may be supported by computers, at the point of contact with the customer it must remain humane.

Family Planning

Another public health landmark of the year was the *National Health Service (Family Planning) Act, 1967* which empowered the major health authorities to make available advice, medicines and appliances on medical or non-medical grounds to any woman (irrespective of marital status) for the purpose of family planning. This belated recognition that most of us are more concerned with the quality of life rather than its quantity offers the possibility of a real public health advance.

The Nursing Sub-Committee warmly welcomed this new opportunity for public service — they need no reminding that 30 per cent of all mothers and 70 per cent of teenage mothers conceive their firstborn out of wedlock, that 60,000 illegitimate children arrive in England and Wales every year, that about 30,000 babies and toddlers are received into care annually, that between 60,000 and 100,000 illegal abortions are done every year in Great Britain and that a large family, far from promising health and happiness for its members, is much more likely to bring problems which may multiply in succeeding generations.

Leaving aside all considerations of pregnant brides, shotgun marriages, unloved children and their still wretched prospects, if (as the Registrar-General predicts) the population of England and Wales will increase by some 16½ millions (34 per cent) in the next 30 years, then restraint based on education must be encouraged and the means to exercise that restraint must be established and publicised.

The figures show, and our public health service experience with young people confirms, that the “family life education” advocated in the Newsom Report* is still woefully inadequate. This is a world problem which may never be completely solved but there is now a legislative framework for England and Wales whereby society can substitute action for a collective wringing of hands.

Committees and Staff

The services described in the Report were the responsibility of the County Health and County Education Committees and a number of sub-committees continued to exercise delegated powers of varying degrees in relation to the matters within their control. The names of the members of these committees and sub-committees are given at Appendix A.

Following the triennial elections held in May, 1967 Dr. Ivan Clout relinquished the Chairmanship of the County Health Committee and of the Mental Health Sub-Committee, offices he had held with distinction for five and six years respectively. During a period of rapid expansion, in which he played a significantly constructive part, few local health authorities can have been better served. He was succeeded in both offices by Major General H. M. Liardet.

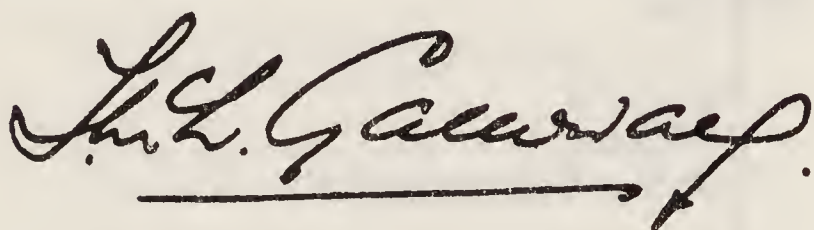
The names of the principal members of your staff are recorded at Appendix B. Amongst the inevitable changes which took place during the year was the resignation of Dr. A. H. Snaith, Principal Medical Officer, who left in February, 1967 in order to take up the appointments of Deputy County Medical Officer of Health and Deputy Principal School Medical

* Ministry of Education. *Half Our Future*. A Report of the Central Advisory Council for Education (England). London. H.M.S.O. 1963.

Officer, Cheshire. Mr. F. W. Mason, County Public Health Officer, retired in July, 1967 after 43 years of local government service, 25 of them with the Department.

Acknowledgements

I am again grateful for the encouragement that I have had from members of the Council, for the cooperation of many colleagues in other departments, authorities and agencies, and I thank the staff for their work throughout the year.

A handwritten signature in cursive script, reading "J. H. Galloway". The signature is written in dark ink and is positioned above a horizontal line.

*County Medical Officer of Health
and Principal School Medical Officer*

PART—I GENERAL AND STATISTICAL

Vital Statistics

The Ministry of Health have again asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1966 are also shown for comparative purposes.

<i>Live Births</i>		1966	1967
Number		6,375	6,420
Rate a 1,000 population		16.6	16.6
<i>Illegitimate Live Births</i> (per cent of total live births) ...		7.1	7.9
<i>Stillbirths</i>			
Number		75	90
Rate a 1,000 total live and still births		11.6	13.8
<i>Total Live and Still Births</i>		6,450	6,510
<i>Infant Deaths</i> (deaths under one year)		92	82
<i>Infant Mortality Rates</i>			
Total infant deaths a 1,000 total live births ...		14.4	12.8
Legitimate infant deaths a 1,000 legitimate live births		13.7	12.4
Illegitimate infant deaths a 1,000 illegitimate live births		24.2	17.6
<i>Neonatal Mortality Rate</i>			
(Deaths under four weeks a 1,000 total live births)		11.3	8.7
<i>Early Neonatal Mortality Rate</i>			
(Deaths under one week a 1,000 total live births) ...		9.1	7.5
<i>Perinatal Mortality Rate</i>			
(Stillbirths and deaths under one week combined a 1,000 total live and still births)		20.6	21.2
<i>Maternal Mortality</i> (including abortion)			
Number of deaths		—	—
Rate a 1,000 total live and still births		—	—

The table on page 14 gives details of the population and the main vital statistics for each County district. The table on page 15 gives details of the causes of death in various age groups.

VITAL STATISTICS West Sussex compared with England and Wales

Year	Population (mid-year estimate)	Live Births			Deaths			Infant Mortality			Neonatal Mortality			Stillbirths			Maternal Mortality		
		No.	West Sussex	Eng- land & Wales	No.	West Sussex	Eng- land & Wales	No.	West Sussex	Eng- land & Wales	No.	West Sussex	Eng- land & Wales	No.	West Sussex	Eng- land & Wales	No.	West Sussex	Eng- land & Wales
				Rate a 1,000 population		Rate a 1,000 population			Rate a 1,000 live births			Rate a 1,000 live births			Rate a 1,000 total live and still births			Rate a 1,000 total live and still births	
1911	92,725	3,386	19.1	24.4	2,203	13.1	14.6	288	85.0	130	†	†	†	†	†	†	6	1.8	3.7
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	158	49.2	83	†	†	†	†	†	†	11	3.3	3.9
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	139	44.4	66	†	†	†	†	†	†	13	4.1	4.1
1951	317,900	4,068	14.2	15.5	4,654	10.8	12.5	100	25.0	29.7	69	17.0	18.8	98	23.3	23.0	2	0.5	0.8
1952	319,600	4,177	14.5	15.3	4,304	10.0	11.3	74	18.0	27.6	52	12.4	18.3	87	20.8	22.7	4	0.9	0.7
*1953	327,340	4,271	14.4	15.5	4,519	10.4	11.4	95	22.0	26.8	67	15.7	17.7	99	22.7	22.5	4	0.9	0.8
1954	338,500	4,681	16.0	15.2	4,606	9.5	11.3	112	24.0	25.4	88	18.8	17.7	106	22.1	23.5	1	0.2	0.7
1955	347,700	4,681	15.3	15.0	4,696	9.5	11.7	99	21.0	24.9	77	16.4	17.3	102	21.3	23.2	1	0.2	0.6
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	122	24.0	23.8	85	16.9	16.8	105	20.5	22.9	3	0.6	0.6
1957	370,200	5,287	15.4	16.1	4,757	10.2	11.5	103	19.5	23.1	77	14.6	16.5	130	24.0	22.5	1	0.2	0.5
1958	382,500	5,541	15.4	16.4	5,267	11.0	11.7	100	18.0	22.5	74	13.4	16.2	106	18.8	21.5	1	0.2	0.4
1959	390,000	5,656	15.1	16.4	5,537	11.8	11.6	95	16.8	22.2	64	11.3	15.9	121	20.9	20.8	2	0.4	0.4
1960	397,240	5,802	14.9	17.1	5,679	12.2	11.5	118	20.3	21.8	88	15.2	15.5	84	13.7	19.8	1	0.2	0.4
1961	410,930	5,947	14.6	17.5	5,975	12.6	11.9	107	18.0	21.4	79	13.3	15.3	97	16.1	19.0	1	0.2	0.3
1962	418,470	6,183	14.8	18.9	6,122	12.9	11.9	124	20.1	21.7	92	14.9	15.1	106	17.1	18.1	2	0.3	0.4
1963	425,710	6,395	17.3	18.2	6,634	11.2	12.2	114	17.8	21.1	86	13.4	14.3	92	14.2	17.2	—	—	0.3
1964	436,770	6,567	17.1	18.5	5,976	10.0	11.3	108	16.4	19.9	83	12.6	13.8	91	13.7	16.3	3	0.5	0.3
1965	444,690	6,506	17.1	18.1	6,539	9.7	11.5	81	12.4	19.0	57	8.8	13.0	96	14.5	15.8	1	0.2	0.3
1966	450,170	6,375	16.6	17.7	6,618	9.7	11.7	92	14.4	19.0	72	11.3	12.9	75	11.6	15.3	—	—	0.3
1967	455,930	6,420	16.6	17.2	6,665	9.5	11.2	82	12.8	18.3	80	8.7	12.5	90	13.8	14.8	—	—	0.2

Note: The rates given for the Administrative County have been adjusted for age and sex and are therefore comparable with those for England and Wales.

*Boundary change.

†Not available.

Chief Vital Statistics for each County District in West Sussex

DISTRICT	Estimated population middle of 1967	No. of births	Birth rates		No. of illegitimate births	No. of deaths	Death rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
Urban Districts													
Arundel (M.B.) ...	2,710	43	15.9	20.3	5	56	20.7	14.0	—	—	1	0.37	7.0
Bognor Regis ...	30,840	419	13.6	20.3	50	549	17.8	9.4	7	16.7	2	0.06	3.4
Chichester (M.B.) ...	20,640	247	12.0	12.5	21	294	14.2	8.0	4	16.2	—	—	2.5
Crawley ...	62,200	994	16.0	12.6	72	336	5.4	10.5	12	12.1	1	0.02	1.3
Horsham ...	24,690	440	17.8	18.9	27	255	10.3	9.4	1	2.3	1	0.04	2.2
Littlehampton ...	17,900	277	15.5	17.5	23	279	15.6	11.4	7	25.3	1	0.06	3.6
Shoreham-by-Sea ...	18,330	224	12.2	12.7	19	200	10.9	9.5	3	13.4	—	—	2.5
Southwick ...	11,800	111	9.4	10.7	9	168	14.2	11.6	—	—	—	—	4.2
Worthing (M.B.) ...	81,200	930	11.5	17.5	98	1,969	24.2	10.6	15	16.1	4	—	4.8
All Urban Districts	270,310	3,685	13.6	15.4	324	4,106	15.2	10.0	49	13.3	10	0.04	3.2
Rural Districts													
Chancetbury ...	25,570	413	16.2	19.4	27	363	14.2	10.8	10	24.2	2	0.08	2.8
Chichester ...	59,240	866	14.6	18.1	63	650	11.0	8.7	13	15.0	—	—	2.8
Horsham ...	27,280	435	15.9	16.5	32	284	10.4	8.9	2	4.6	—	—	2.4
Midhurst ...	18,850	239	12.7	14.2	13	297	15.8	9.3	4	16.7	—	—	2.6
Petworth ...	10,180	130	12.8	15.6	14	125	12.3	8.7	1	7.7	—	—	2.7
Worthing ...	44,500	652	14.7	24.3	37	840	18.9	9.1	3	4.6	2	0.04	4.2
All Rural Districts	185,620	2,735	14.7	18.7	186	2,559	13.8	9.1	33	12.1	4	0.02	3.1
Administrative County ...	455,930	6,420	14.1	16.6	510	6,665	14.6	9.5	82	12.8	14	0.03	3.1

Causes of Death at Different Periods of Life

<i>Causes of death</i>	<i>Total all ages</i>		<i>Under 1 year</i>	1-4	5-14	15-44	45-64	<i>65 and over</i>
	<i>M</i>	<i>F</i>						
1. Tuberculosis, respiratory ...	8	6	—	—	—	2	3	9
2. Tuberculosis, other	3	1	—	—	—	—	1	3
3. Syphilitic diseases ...	6	4	—	—	—	—	2	8
4. Diphtheria ...	—	—	—	—	—	—	—	—
5. Whooping cough ...	1	—	1	—	—	—	—	—
6. Meningococcal infections ...	1	—	—	1	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—
8. Measles ...	1	—	—	—	1	—	—	—
9. Other infective and parasitic diseases ...	2	3	1	—	—	1	2	1
10. Malignant neoplasm, stomach ...	78	58	—	—	—	3	20	113
11. Malignant neoplasm, lung, bronchus ...	295	69	—	1	—	4	133	226
12. Malignant neoplasm, breast ...	4	145	—	—	—	9	61	79
13. Malignant neoplasm, uterus ...	—	43	—	—	—	2	18	23
14. Other malignant and lymphatic neoplasms	365	347	1	1	1	31	169	509
15. Leukaemia, aleukaemia ...	20	9	1	1	—	3	3	21
16. Diabetes ...	16	19	—	—	—	1	8	26
17. Vascular lesions of nervous system ...	388	633	—	—	—	12	96	913
18. Coronary disease, angina ...	837	616	—	—	—	13	282	1,158
19. Hypertension with heart disease ...	21	48	—	—	—	—	6	63
20. Other heart disease ...	314	543	—	—	—	—	39	818
21. Other circulatory disease ...	132	156	—	—	—	6	26	256
22. Influenza ...	2	8	—	—	—	—	—	10
23. Pneumonia ...	133	207	6	3	—	3	23	305
24. Bronchitis ...	194	63	1	1	—	5	43	207
25. Other diseases of respiratory system	37	27	—	—	—	1	13	50
26. Ulcer of stomach and duodenum ...	16	19	—	—	—	—	3	32
27. Gastritis, enteritis and diarrhoea ...	10	19	—	1	—	2	4	22
28. Nephritis and nephrosis ...	10	16	—	—	—	3	5	18
29. Hyperplasia of prostate ...	27	—	—	—	—	—	3	24
30. Pregnancy, child birth, abortion ...	—	—	—	—	—	—	—	—
31. Congenital malformations ...	17	23	28	2	3	—	2	5
32. Other defined and ill-defined diseases...	163	237	39	2	5	19	73	262
33. Motor vehicle accidents ...	42	24	—	2	3	20	18	23
34. All other accidents	54	74	4	3	1	20	22	78
35. Suicide ...	24	27	—	—	—	11	22	18
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—
All Causes ...	3,221	3,444	82	18	14	171	1,100	5,280

Deaths from Cancer: 1967

Sites	MALES										FEMALES									Total Males and Females
	Age Groups									Total Males	Age Groups								Total Females	
	0-	1-	5-	15-	25-	45-	65-	75-	0-		1-	5-	15-	25-	45-	65-	75-			
Stomach ...	— (—)	— (—)	— (—)	1 (—)	2 (2)	17 (12)	35 (24)	23 (25)	78 (63)	— (—)	— (—)	— (—)	— (—)	— (—)	3 (7)	23 (18)	32 (32)	58 (57)	136 (120)	
Lung, bronchus ...	— (—)	1 (—)	— (—)	— (—)	4 (1)	110 (85)	127 (105)	53 (51)	295 (242)	— (—)	— (—)	— (—)	— (—)	— (1)	23 (27)	29 (25)	17 (19)	69 (72)	364 (314)	
Breast ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	2 (—)	2 (—)	4 (1)	— (—)	— (—)	— (—)	— (—)	9 (9)	61 (47)	36 (44)	39 (46)	145 (146)	149 (147)	
Uterus ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	2 (1)	18 (20)	11 (6)	12 (6)	43 (33)	43 (33)	
Other organs ...	— (—)	1 (—)	— (1)	1 (2)	16 (12)	76 (90)	124 (108)	147 (126)	365 (339)	1 (—)	— (—)	1 (—)	2 (1)	12 (9)	93 (85)	100 (85)	138 (144)	347 (324)	712 (663)	
Leukaemia, aleukaemia ...	— (—)	1 (1)	— (1)	1 (—)	2 (4)	2 (2)	9 (4)	5 (10)	20 (22)	1 (—)	— (—)	— (—)	— (1)	— (—)	1 (5)	3 (5)	4 (8)	9 (19)	29 (41)	
TOTALS ...	— (—)	3 (1)	— (2)	3 (2)	24 (19)	205 (190)	297 (241)	230 (212)	762 (667)	2 (—)	— (—)	1 (—)	2 (2)	33 (20)	199 (191)	202 (183)	242 (255)	671 (651)	1,433 (1,318)	

Note: The figures in brackets relate to 1966.

The Weather at Worthing: 1967

1967	Air temperature (deg. F.)							Rainfall		Sunshine	
	Highest max.	Lowest min.	Mean max.	Mean min.	Mean	Difference from average	Total (ins.)	Percentage of average	Total (hrs.)	Percentage of average	
January ...	50	24	44.5	36.6	40.5	—0.4	2.64	89	87.3	124	
February ...	53	28	47.4	38.5	42.9	+2.0	2.39	120	90.7	110	
March ...	58	33	53.0	42.1	47.5	+3.7	2.15	125	176.6	126	
April ...	61	32	54.1	40.9	47.5	—0.5	2.06	116	192.3	103	
May ...	69	32	58.0	48.0	53.0	—0.5	3.44	207	215.6	94	
June ...	71	44	64.4	52.0	58.2	—0.9	1.89	123	242.0	99	
July ...	79	49	69.6	57.9	63.7	+1.2	0.47	22	271.5	121	
August ...	73	49	67.6	56.8	62.2	—0.4	2.16	95	212.8	98	
September ...	69	45	64.6	54.4	59.5	—0.1	1.50	69	137.7	83	
October ...	64	37	59.2	50.2	54.7	+1.8	4.54	154	114.4	92	
November ...	56	31	49.7	38.6	44.1	—2.1	3.35	97	100.1	92	
December ...	52	17	45.1	35.9	40.5	—1.3	2.57	89	59.4	97	
Means or extremes	79	17	56.5	46.0	51.3	+0.3	29.16	106	1,900.4	104	

PART II—EPIDEMIOLOGY

Notifiable Diseases

The total number of notifications of infectious disease was 6,360, compared with 3,064 in 1966, the increase being almost entirely accounted for by an epidemic of measles. There were 128 notifications of dysentery, which was about the average for the last few years, and 20 notifications of food poisoning, which again was an average figure. Notifications of whooping cough numbered 152, considerably more than in 1966 and 22 per cent greater than the average for the past seven years.

No cases of cholera, diphtheria, leprosy, plague, poliomyelitis, relapsing fever, smallpox, typhoid or typhus occurred during the year.

The end of the year saw the start of an outbreak of influenza, which affected most parts of the country.

Infectious hepatitis

A small epidemic of six cases of infectious hepatitis occurred in the spring and early summer at a rural primary school. The opportunity was taken to participate in a trial arranged by the Public Health Laboratory Service of the effectiveness of gamma globulin in the control of this disease in schools. After the consent of their parents to their taking part in the trial had been obtained, the children were randomly allocated to two groups, one to receive gamma globulin and the other to act as a control. Of 110 children on the roll, 39 received gamma globulin and a further 4 were injected by their family doctor prior to the start of the trial. No further cases of infectious hepatitis occurred in either group after the gamma globulin had been given. No conclusions can be arrived at on these small figures but they form a useful addition to the national survey.

Venereal disease

For the first time since 1959 there was a small decrease in the numbers of patients diagnosed as suffering from venereal disease. The situation nevertheless remained serious and it is unlikely to improve until more people can be persuaded not to expose themselves to the dangers of contracting infection. The numbers of patients diagnosed in the past two years are shown in the following table.

<i>Hospital</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other</i>
Royal West Sussex Hospital (St. Richard's), Chichester	4 (4)	19 (14)	104 (108)
Worthing Hospital	3 (4)	34 (52)	176 (182)
Royal Surrey County Hospital, Guildford	— (—)	— (—)	— (5)
St. Helier Hospital, Carshalton	— (—)	— (—)	— (—)
St. Mary's Hospital, Portsmouth	3 (—)	1 (7)	19 (17)
Redhill General Hospital	— (1)	— (2)	16 (11)
Royal Sussex County Hospital, Brighton	— (1)	37 (43)	120 (134)
TOTALS	10 (10)	91 (118)	435 (457)

Note: The figures in brackets relate to 1966.

NOTIFICATION OF INFECTIOUS DISEASES: 1967

COUNTY DISTRICT	Acute encephalitis		Acute pneumonia	Acute poliomyelitis		Dysentery	Erysipelas	Food poisoning	Measles	Meningococcal infection	Ophthalmia neonatorum	Paratyphoid fever	Puerperal pyrexia	Scarlet fever	Tuberculosis		Typhoid fever	Whooping cough	TOTAL
	Infective	Post Infectious		Paralytic	Non Paralytic										Respiratory	Other			
Urban Districts																			
Arundel M.B.	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	5	11
Bognor Regis	—	—	—	—	—	6	—	1	186	—	—	—	1	4	—	—	—	—	198
Chichester M.B.	—	—	—	—	—	4	3	—	75	—	—	—	2	—	1	—	—	1	86
Crawley	—	—	—	—	—	3	—	1	1,570	1	—	—	17	2	3	2	—	11	1,610
Horsham	—	—	1	—	—	56	—	—	707	—	—	—	7	10	1	—	10	793	
Littlehampton	—	—	—	—	—	1	2	—	26	—	—	—	—	5	2	—	—	32	68
Shoreham-by-Sea	—	—	—	—	—	1	1	2	241	1	—	—	8	3	—	—	—	8	265
Southwick	—	—	—	—	—	1	—	—	138	—	—	—	—	12	—	—	—	4	155
Worthing M.B.	—	—	2	—	—	2	—	3	360	—	—	—	1	42	12	—	—	8	430
Total Urban Districts	—	—	3	—	—	74	6	7	3,309	2	—	—	36	78	19	3	—	79	3,616
Rural Districts																			
Chancetonbury	—	—	4	—	—	13	—	6	493	—	—	—	—	12	3	—	—	17	548
Chichester	—	—	10	—	—	21	1	—	567	—	—	—	1	6	3	1	—	12	567
Horsham	—	—	2	—	—	9	3	—	527	—	—	—	1	8	—	—	—	12	562
Midhurst	—	—	3	—	—	2	—	7	119	—	—	—	—	—	5	—	—	1	137
Petworth	—	—	—	—	—	—	—	—	176	—	—	—	—	1	—	—	—	2	179
Worthing	—	—	4	—	—	9	1	—	608	—	—	—	13	31	—	1	—	29	696
Total Rural Districts	—	—	23	—	—	54	5	13	2,490	—	—	—	15	58	11	2	—	73	2,744
Total Administrative County	—	—	26	—	—	128	11	20	5,799	2	—	—	51	136	30	5	—	152	6,360
Total Administrative County 1966	2	1	27	—	—	197	12	26	2,542	5	—	4	63	109	37	8	2	29	3,064

Note: Notifications of rubella (15) and anthrax (1) are not shown in this table.

Vaccination and Immunisation

In 1967, immunisation appointments were prepared by the computer for children on the list of every general medical practitioner in West Sussex as well as for County clinics. The arrangements did not apply in the Borough of Worthing but, at the end of the year, work had started on transferring to computer storage the immunisation records relating to Worthing children; it was planned to offer computer-made appointments to those children early in 1968.

Since the computer management of the vaccination and immunisation arrangements was introduced in 1962, the percentage of children in West Sussex protected against the various diseases for which there is an effective antigen has increased considerably; so much so that the County now has immunity indices better than those of any other local health authority in England and Wales. The 1966 annual report of the Chief Medical Officer of the Ministry of Health indicated that West Sussex was the only local health authority to achieve immunisation of over 90 per cent of children against diphtheria, whooping cough and poliomyelitis. During the same year, the national average for smallpox vaccination was 38 per cent, whilst in West Sussex the percentage of children vaccinated was 83.

The following table shows how the immunity indices have improved during the past few years.

<i>Area</i>	<i>Children born in 1966 and vaccinated by 31st December, 1967</i>			<i>Children under two years vaccinated in 1967 as percentage of 1966 births</i>
	<i>Diphtheria (per cent)</i>	<i>Whooping cough (per cent)</i>	<i>Poliomyelitis (per cent)</i>	<i>Smallpox (per cent)</i>
West Sussex ... England & Wales	94 *	93 *	95 *	81 *
	<i>Children born in 1965 and vaccinated by 31st December, 1966</i>			<i>Children vaccinated in 1966 as percentage of 1965 births</i>
West Sussex ... England & Wales	92 73	92 72	91 68	83 38
	<i>Children born in 1964 and vaccinated by 31st December, 1965</i>			<i>Children vaccinated in 1965 as percentage of 1964 births</i>
West Sussex ... England & Wales	88 71	88 70	87 65	76 33
	<i>Children born in 1963 and vaccinated by 31st December, 1964</i>			<i>Children vaccinated in 1964 as percentage of 1963 births</i>
West Sussex ... England & Wales	71 69	71 68	67 60	57 32

* Not available.

The table shows a fall of two per cent in the smallpox index in 1967. This was not attributable to any decrease of activity in the areas of the

County where the arrangements were computer-managed; the index in those areas increased from 86 to 87 per cent. There was, however, a fall of 13 per cent in the number of Worthing children who were vaccinated. This is shown in the next table which also gives comparable information relating to the other diseases against which children were offered protection.

Area	Children born in 1966 and vaccinated by 31st December, 1967			Children under two years vaccinated in 1967 as a percentage of 1966 births
	Diphtheria (per cent)	Whooping cough (per cent)	Poliomyelitis (per cent)	Smallpox (per cent)
Worthing	81 (84)	81 (83)	80 (80)	47 (60)
Remainder of West Sussex	96 (93)	95 (93)	97 (92)	87 (86)
West Sussex ...	94 (92)	93 (91)	95 (90)	81 (83)

Note: The figures in brackets are the corresponding indices for the previous year.

The next three tables give details of the various immunisation procedures carried out by family doctors and at County clinics during 1967. Particulars of comparable figures for 1966 are also shown.

Diphtheria, Whooping Cough and Tetanus

Type of Injection	Primary Immunisations		TOTALS	Reinforcing Injections		TOTALS
	By County Medical Staff	By General Practitioners		By County Medical Staff	By General Practitioners	
Triple antigen	1,602 (1,643)	4,526 (4,567)	6,128 (6,210)	1,528 (1,871)	3,817 (4,558)	5,345 (6,429)
Diphtheria ...	— (—)	— (—)	— (—)	71 (142)	10 (—)	81 (142)
Diphtheria and whooping cough	— (—)	— (—)	— (—)	— (—)	— (1)	— (1)
Diphtheria and tetanus ...	79 (129)	107 (170)	186 (299)	3,076 (3,776)	6,818 (8,396)	9,894 (12,172)
Quadruple vaccine ...	— (—)	— (15)	— (15)	— (—)	3 (42)	3 (42)
Tetanus ...	101 (156)	88 (11)	189 (167)	4 (—)	73 (—)	77 (—)
TOTALS ...	1,782 (1,928)	4,721 (4,763)	6,503 (6,691)	4,679 (5,789)	10,721 (12,997)	15,400 (18,786)
Percentage variation during 1967	—7.5	—0.9	—2.8	—19.2	—17.5	—18.0

Note: The figures in brackets relate to 1966.

Poliomyelitis

Age Group	Primary Vaccination (3 doses Sabin oral; 2 injections Salk; or 3 injections quadruple)			Reinforcing Vaccination (4th dose Sabin oral; 3rd or 4th injection Salk; or 4th injection quadruple)		
	By County Medical Staff	By General Practition- ers	TOTALS	By County Medical Staff	By General Practition- ers	TOTALS
Children born 1967	798	2,385	3,183	—	1	1
Children born 1966	796	2,097	2,893	678	1,894	2,572
Children born 1965	64	118	182	741	1,680	2,421
Children born 1964	29	76	105	104	161	265
Children born 1960-63 ...	91	215	306	2,021	3,991	6,012
Others under 16	40	80	120	172	514	686
TOTALS ...	1,818 (2,538)	4,971 (6,368)	6,789 (8,906)	3,716 (4,365)	8,241 (9,366)	11,957 (13,731)
Percentage variation during 1967	—28.4	—21.9	—23.8	—14.9	—12.0	—12.9

Note: The figures in brackets relate to 1966.

Smallpox

Age Group	Number Vaccinated			Number Re-vaccinated		
	By County Medical Staff	By General Practition- ers	TOTALS	By County Medical Staff	By General Practition- ers	TOTALS
Under 1 year	10 (17)	81 (96)	91 (113)	— (—)	— (—)	— (—)
1 year ...	1,395 (1,526)	3,672 (3,733)	5,067 (5,259)	— (—)	— (3)	— (3)
2-4 years	161 (290)	382 (655)	543 (945)	6 (1)	60 (51)	66 (52)
5-15 years	12 (31)	128 (186)	140 (217)	531 (672)	2,447 (2,166)	2,978 (2,838)
TOTALS	1,578 (1,864)	4,263 (4,670)	5,841 (6,534)	537 (673)	2,507 (2,220)	3,044 (2,893)
Percentage variation during 1967	—15.3	—8.7	—10.6	—20.2	+12.9	+5.2

Note: The figures in brackets relate to 1966.

The Worthing Dispute (*concluded*)

In Worthing the vaccination and immunisation functions of the County Council have been delegated to the Borough Council under the provisions of Part III of the *Local Government Act, 1958*. Previous Reports have contained an account of the negotiations between the two authorities following the Borough's decision not to allow the County Council's computer to be used for the processing of the records of Worthing children due for vaccination and immunisation at clinics or family doctors' surgeries.

At a meeting of the West Sussex Local Medical Committee held on 17th January, 1967 it was agreed that a letter be written to all the Worthing doctors suggesting that they get in touch with the Medical Officer of Health of Worthing if they wished to participate in the computer scheme and on 21st March, 1967 the Committee decided to

“send a further communication to the Worthing Borough Council stating that the Local Medical Committee is strongly of the opinion that arrangements should be made to enable the doctors in Worthing to participate in the County computer scheme in connection with the vaccination and immunisation arrangements which is used by all other doctors in the West Sussex area.”

At a meeting of the County Health Committee held on 17th March, 1967 it was reported that enquiries had been received from a number of general medical practitioners in Worthing as to the possibility of their participating in the County Council's computer arrangements and that these enquiries had been prompted by the extra clerical work which would result from the new recording and payment procedures introduced by Ministry of Health Circular 3/67 dated 31st January, 1967. It was pointed out that it was not possible to extend the computer arrangements to the Worthing doctors in view of the Borough Council's decision not to participate in the County Council's scheme and the Clerk of the County Council reported that he was seeking the Borough Council's observations since the Borough Medical Officer of Health had requested a supply of the County Council's consent forms for use by Worthing practitioners who wished to take part in the computer arrangements.

At a meeting held on 11th April, 1967 the Worthing Health and Welfare Committee

RESOLVED, that the West Sussex Local Medical Committee be informed that no objection is raised to those general practitioners in Worthing who wish to do so making use of the County Council's computerised system

and when this was considered by the Nursing Sub-Committee of the County Health Committee on 2nd June, 1967 it was considered that the Borough Council should be invited to decide either to adopt computer management as a whole throughout the area for which they had claimed delegated powers or, alternatively, to continue with the present manually-operated system. The Clerk of the County Council accordingly enquired of the Town Clerk which course the Borough Council wished to pursue in the light of the approach made by the Local Medical Committee and, on 11th July, 1967, the Borough Health and Welfare Committee

RESOLVED that, in view of the changed circumstances, the County Council's computerised scheme be used for recording vaccinations and immunisations in the Borough of Worthing.

The County Health Committee received this decision with pleasure.

B.C.G. Vaccination

The vaccination against tuberculosis of children aged 13 years and over was continued. The following table shows the numbers of children skin-tested and vaccinated in each of the ten years since 1958.

<i>Year</i>	<i>Number skin-tested</i>	<i>Number positive</i>	<i>Percentage positive</i>	<i>Number negative</i>	<i>Number vaccinated</i>
1958	2,124	289	13.6	1,803	1,785
1959	1,756	250	14.2	1,475	1,471
1960	1,284	120	9.4	1,164	1,158
1961	2,358	192	8.2	2,103	2,097
1962	6,767	656	9.7	5,889	5,863
1963	6,222	483	7.8	5,459	5,430
1964	4,166	250	6.0	3,801	3,765
1965	4,231	294	6.9	3,745	3,632
1966	5,214	350	6.7	4,767	4,731
1967	5,735	502	8.7	5,083	5,033

**PART III—CARE OF MOTHERS
AND YOUNG CHILDREN**

Ante-natal and Post-natal Care

Details of attendances during the last two years, given below, show that there was little change in the volume of work.

					1966	1967
Number of ante-natal clinics provided at end of year	...	...	...	...	9	9
Number of sessions held a month	...	...			31	31
Number of women in attendance:						
(i) for ante-natal examination	...	...			1,121	1,098
(ii) for post-natal examination	...	...			241	267

Child Welfare Centres

The number of child welfare centres operating at the end of the year was 50. The total number of children who attended fell by 1,047 compared with 1966. At two clinics an appointment system for the mothers was in operation.

The numbers of children of various ages who attended the clinics during 1966 and 1967 are given below.

			1966				1967
Born in				Born in			
1966	...	...	4,252	1967	...	...	4,231
1965	...	...	4,099	1966	...	...	3,811
1961–1964	...	...	4,367	1962–1965	...	...	3,629
TOTAL	...		12,718	TOTAL	...		11,671

The work of most of the clinics increased in December, 1967 because of an epidemic of influenza. The following comments were made by Dr. R. E. Garwood.

“During the recent influenza outbreak, when the extent of general practitioners’ work-loads was publicised, patients consulted the clinics as an alternative to their general practitioners on a wide range of topics including post-natal progress and uterine involution, contraception, head injuries, and follow-up of treatment initiated by general practitioners for a variety of conditions. In addition many mothers sought reassurance that their children had not yet contracted influenza. During this period, as at all times, a great appeal of the clinics seems to have been that as much time as was required could be devoted to each patient’s problems.”

Sheldon Committee on Child Welfare Centres

By letter L.H.A.L.25/67 dated 9th November, 1967 the Ministry of Health referred to a report of a Sub-Committee under the Chairmanship of Sir Wilfrid Sheldon. The Sub-Committee of the Standing Medical Advisory Committee was set up “to review the medical functions and medical staffing of child welfare services and to make recommendations.”

The report made a number of recommendations about the development of child welfare centres (most of which were in the form of guidance to local health authorities), it considered that routine medical examinations of children presumed to be healthy should be made by appointment and be properly recorded on six occasions during the first four years of life (not later than six weeks, at six months, then annually at each birthday), and it stressed the importance (subject to certain considerations such as accommodation, qualifications and experience) of the active participation of family doctors in the conduct of the child health service.

In order to enable further consideration to be given to the practicability of devising a computer system aimed at calling up children for examination at appropriate intervals and recording the results of such examinations, all family doctors were invited to say whether they would wish to take part by examining their own patients if such a scheme were introduced. Family doctors interested in such a proposal compared with those who preferred to see a continuation of routine examinations at County clinics were in the ratio of almost two to one. Representations were made to the Ministry of Health that such examinations undertaken by family doctors should be declared to be in pursuit of public policy and be paid for (like vaccinations and cervical cytology examinations) on an item-of-service basis.

Weighing Centres

The numbers of children who attended weighing centres during 1966 and 1967 are given below.

1966				1967			
Born in				Born in			
1966	...	...	535	1967	...	...	472
1965	...	...	584	1966	...	...	514
1961-1964	...	...	856	1962-1965	...	...	649
TOTAL		...	1,975	TOTAL		...	1,635

Health visitors give advice at these centres about infant care to groups which are too small to justify the regular attendance of a medical officer.

Family Planning Clinics

The table shows that there were further increases in the numbers of new cases and in the total attendances at family planning clinics. Of the 2,150 new cases seen in 1967, 1,217 were women for whom pregnancy would have been detrimental to health.

Clinic	New cases		Total attendances	
	1966	1967	1966	1967
Bognor Regis	251	263	1,472	1,020
Chichester	197	245	1,154	1,073
Crawley	565	451	6,165	5,273
Horsham	660	467	2,918	3,351
*Hove	—	81	—	684
Midhurst	32	37	270	261
Shoreham-by-Sea	13	84	75	218
Worthing	389	522	2,554	3,690
TOTALS	2,107	2,150	14,608	15,570

* West Sussex cases only.

By Circular 15/67 dated 31st July, 1967 the Ministry of Health drew attention to the *National Health Service (Family Planning) Act, 1967*. The Ministry re-emphasised that an adequate family planning service, fully integrated with other community services, is an essential part of family welfare and will help to relieve the burden placed on other services by physical ill-health and mental distress arising from lack of knowledge and advice.

The Act conferred upon local health authorities a general power to make arrangements for giving advice on contraception and for the medical examination of persons seeking such advice and to supply contraceptive substances and appliances. The Act extended the existing powers of local health authorities by enabling them to provide (or arrange for other bodies to provide) advice on contraception and supplies for any persons who need them on social grounds and not (as hitherto) only in medical cases, i.e. where women were likely to suffer in health as a result of pregnancy. No distinction was drawn in the Act between the married and the unmarried and the Sussex Branch of the Family Planning Association were accordingly requested to start pilot clinics at Crawley and Bognor Regis where advice would be given to unmarried women regardless of whether they had already had children.

For many years, advice has been available at the family planning clinic provided by the County Council at Shoreham-by-Sea, but the patients at this clinic have been restricted to those who needed advice on medical grounds. Following the introduction of the new Act, the scope of this clinic was enlarged to include the provision of advice and supplies to women who sought help on social grounds.

At all the family planning clinics in the County, advice, examination, prescription and supplies were free of charge to the patient in medical cases; in non-medical cases a charge was made for prescriptions and the supply of materials. At the Shoreham-by-Sea clinic, this charge was calculated on the basis of actual cost plus 10 per cent but, where a person

claimed inability to pay, supplies were made available free of charge in the first instance; evidence of inability to pay was however required before further free issues were made.

Mothercraft and Relaxation Classes

Mothercraft and relaxation classes for expectant mothers and classes in post-natal exercises were held at the nine centres shown in the following table which also gives particulars of the numbers of attendances made in 1966 and 1967. Physiotherapists took charge of some of the classes; others were run by midwives or health visitors.

<i>Area</i>				<i>Sessions held</i>	<i>Total number of attendances</i>	
					1966	1967
Bognor Regis	...	...	...	Weekly	319	339
Chichester	...	...	...	Weekly (a)	1,608	1,655
Crawley	...	...	...	Weekly	679	759
Horsham	...	...	...	Weekly	1,316	1,549
Langley Green	...	...	...	Weekly (b)	258	81
Midhurst	...	...	...	Fortnightly(c)	71	—
Roffey	...	...	...	Weekly	186	248
Selsey	...	...	...	(d)	30	15
Shoreham-by-Sea	...	...	...	Weekly	226	211
Worthing	...	...	...	Weekly	36	214
TOTALS	...	...	...	...	4,729	5,071

- (a) One mothercraft and two relaxation classes each week.
- (b) None after 15th September, 1966; weekly from 1st January to 1st March, 1967.
- (c) None after 10th July, 1966.
- (d) As required; none after 23rd February, 1966; only three sessions during 1967.

Welfare Foods

At the request of the Ministry of Health, the Council continued to arrange the distribution of welfare foods to expectant and nursing mothers and children under five years of age. A total of 93 distribution centres were in operation at the end of the year; 12 of these were main centres situated in the towns and 81 were sub-centres at clinics, private houses and local stores. The Women's Royal Voluntary Service were responsible for the distribution of the foods at all main centres (eight of which are on their premises) and at 21 sub-centres.

The following table shows the quantities of welfare foods issued to beneficiaries during the year.

<i>Year</i>	<i>National dried milk (tins)</i>	<i>Cod liver oil (bottles)</i>	<i>Vitamins A and D tablets (packets)</i>	<i>Orange juice (bottles)</i>
1967	24,647 (474)	5,015 (96)	5,570 (107)	113,248 (2,178)

Note: The figures in brackets indicate average weekly distribution.

The decline in the sale of foods continued throughout the year; their total value was £12,228, which was some £1,500 less than in 1966. The sales during 1967 are shown below as a percentage of the sales in 1957.

				%
National Dried Milk	...	...	...	24
Cod Liver Oil	...	...	...	15
Vitamins	...	...	...	32
Orange Juice	...	...	...	35

The volume of sales has now fallen to such an extent that it is clearly an uneconomic use of staff time and a waste of voluntary effort to continue present methods of distribution. If welfare foods are to be continued, the Ministry must sooner or later re-examine the case for their distribution direct through normal retail outlets.

Proprietary Foods

Infant proprietary foods were sold at child welfare centres throughout the County at cost price plus a ten-per-cent handling charge. The cost of purchases fell from £13,394 in 1966 to £5,297 in 1967.

This was the first full year to show the effect of limiting the availability of foods in order to enable staff time to be used more effectively.

Care of the Unmarried Mother and her Child

Financial aid was given by the Council towards the funds of the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children's Society who undertake the care of unmarried mothers in West Sussex through their own officers working in cooperation with the County nursing staff. A small financial contribution was also made in support of the work of the National Council for the Unmarried Mother and her Child.

During the year the Chichester Diocesan Moral Welfare Association dealt with 289 new applications for assistance and the Southwark Catholic Children's Society with 26, compared with 283 and 23 respectively in 1966. Cases referred to the Department for financial assistance towards the maintenance of unmarried mothers at mother and baby homes numbered 71, six fewer than in 1966.

Congenital Malformations

There were 91 births in which a congenital malformation was observed and notified on the birth notification card. In 14 of these the babies were stillborn. The total number of congenital malformations described was 126.

Dental Care

A total of 592 expectant and nursing mothers and young children were examined; 299 needed treatment and 310 courses of treatment were completed.

The D.M.F. rate (decayed, missing and filled teeth per child) for children between 4 and 5 years of age was 3.8, which was 0.2 higher than in the two previous years.

Information on the dental care of school children is given in Part IX of the Report.

Midwifery

During the year, 216 midwives notified their intention to practise, of whom 128 were employed by hospital management committees. On 30th September, 1967 a whole-time equivalent of 33.85 midwives were employed by the County Council (21 whole-time and 56 part-time).

The trend towards an increase in the number of hospital deliveries continued. The total number of births was 6,464 and, of these, 5,503 (85 per cent) were hospital deliveries and 961 (15 per cent) were delivered at home. Of the latter number, a doctor was not booked in only nine cases compared with 11 in 1966. The high percentage of hospital confinements created a domiciliary staffing problem particularly in rural localities where there were few cases in large geographical areas. As a result of reorganisation, the staff establishment was reduced by four midwives.

In 1967, 212 women who were booked for a domiciliary confinement had to be delivered in hospital. Medical aid was summoned by domiciliary midwives on 90 occasions, 29 fewer than in 1966. In every case, the medical practitioner had already arranged to provide the patient with maternity medical services under the National Health Service.

There were 51 notifications of puerperal pyrexia, 12 fewer than in the previous year. Four occurred in women confined at home; all the others were in cases confined in hospital.

The Crawley scheme in which the County Council's midwives deliver their own cases, suitably selected, in the general practitioner unit at Crawley Hospital continued and 189 women (45 more than in 1966) were delivered under these arrangements. Under a similar scheme introduced at Worthing Hospital, 80 women were delivered during 1967.

Health Visiting

Particulars of the staff employed are given in the table on page 89. Nine students received training; of these, four successfully completed the courses and the other five were still in training at the end of the year. Seven students from the University of Surrey and Brighton Technical College were seconded to work under the supervision of health visitors in the County. Five students from the Royal College of Nursing, London, and Birmingham Technical College spent one week with health visitors in rural areas.

Details of the main types of cases visited by health visitors during the year are given on the next page.

<i>Type of case</i>						<i>Number of cases visited</i>	
Children born in 1967	...	...	...	...		6,733	
Children born in 1966	...	...	...	...		7,416	
Children born in 1962–1965	...	...	...	...		14,061	
						1966	1967
Children under the age of 5 years	...	...	...	...		26,897	28,210
Persons aged 65 or over	...	...	...	...		4,709 (2,267)	5,579 (2,492)
Mentally disordered persons	...	...	...	...		149 (84)	171 (136)
Persons discharged from hospital other than maternity or mental cases	...	...	...	...		509 (383)	566 (391)
Tuberculous households visited	...	...	...	...		163	117
Households visited on account of other infectious diseases	...	...	...	...		282	145

Note: The figures in brackets denote the number of persons visited at the special request of a general practitioner or hospital.

It will be seen that there were increases in all categories visited, with the exception of patients suffering from tuberculosis and from other infectious diseases. It is particularly gratifying to see the increase in visits to old people; with the realisation that this group has medical-social problems at least as great as those of the young, this trend is likely to continue.

PART IV—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Attachment of Nursing Staff

A pilot scheme whereby health visitors were attached to general medical practices was originally introduced in Crawley in 1962. The scheme proved to be successful and similar arrangements were subsequently made in other urban areas; home nurses and midwives were also attached where general medical practitioners desired such arrangements to be made.

In order to find out the merits and disadvantages of attaching nursing staff to practices, a survey of the activities of the staff concerned was made in September, 1967. Three important points emerged. Some health visitors considered that their qualifications and functions were not properly understood by the doctors with whom they worked and a second, unexpected, finding was that two in five of the attached staff had no regular consultation with their doctors. These two observations

were the subject of a letter to all general medical practitioners and they were invited to submit their comments if they were not satisfied with the present arrangements. The third point which emerged from this survey was the effect on travelling of practice attachment; two nurses said that their mileage had decreased, 20 that it had remained the same and 75 that it had gone up. The average annual travelling claim increased from £121 a nurse in the financial year 1961/62 to £154 in 1966/67 but, because of rising costs, this is unreliable as an indicator of the extent to which attachment has been responsible for additional expenditure. A sample check was made of the average monthly mileage of nurses before and after attachment and this showed that, whilst the mileage of some home nurses and midwives has increased considerably, there seems to have been little variation in the mileage of health visitors.

The following is a summary of the replies received from the nursing staff.

1. Success of Individual Attachments

<i>Answer</i>	<i>Health Visitors</i>		<i>Home Nurses</i>		<i>Home Nurse/ Midwives</i>		<i>Midwives</i>		<i>TOTALS</i>	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes ...	31	52	37	72	3	100	14	93	85	66
No ...	11	18	3	6	—	—	—	—	14	11
Doubtful	17	28	11	22	—	—	1	7	29	22
*Don't know	1	2	—	—	—	—	—	—	1	1
TOTALS	60	100	51	100	3	100	15	100	129	100

*Some nurses were appointed after attachment was started and were not therefore qualified to answer some questions.

2. Better Use of Nurses' Skills Because of Attachment

<i>Answer</i>	<i>Health Visitors</i>		<i>Home Nurses</i>		<i>Home Nurse/ Midwives</i>		<i>Midwives</i>		<i>TOTALS</i>	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes ...	32	53	27	53	1	33	9	60	69	53
No ...	10	17	8	16	1	33	—	—	19	15
Doubtful	17	28	14	27	1	33	6	40	38	30
*Don't know	1	2	2	4	—	—	—	—	3	2
TOTALS	60	100	51	100	3	100	15	100	129	100

*Some nurses were appointed after attachment was started and were not therefore qualified to answer some questions.

3. Consultation with General Practitioner Regarding Patients

Answer	Health Visitors		Home Nurses		Home Nurse/ Midwives		Midwives		TOTALS	
	No.	%	No.	%	No.	%	No.	%	No.	%
Regular	33	55	32	63	2	67	10	67	77	60
As re-	8	13	8	16	1	33	2	13	19	15
quired	19	32	11	21	—	—	3	20	33	25
None ...										
TOTAL	60	100	51	100	3	100	15	100	129	100

4. Effect of Attachment on Travelling

Answer	Health Visitors		Home Nurses		Home Nurse/ Midwives		Midwives		TOTALS	
	No.	%	No.	%	No.	%	No.	%	No.	%
Increased	30	50	34	67	2	67	9	60	75	58
Decreased	1	2	1	2	—	—	—	—	2	2
Remained	11	18	6	12	—	—	3	20	20	15
the same										
*Don't	18	30	10	19	1	33	3	20	32	25
know										
TOTALS	60	100	51	100	3	100	15	100	129	100

*Some nurses were appointed after attachment was started and were not therefore qualified to answer some questions.

5. Attendance at General Practitioner Sessions

Answer				Health Visitors		Home Nurse/ Midwives		Midwives		TOTALS	
				No.	%	No.	%	No.	%	No.	%
Regular	...	...	...	14	23	1	33	14	93	29	37
Never	...	...	...	46	77	2	67	1	7	49	63
TOTALS	...	...	...	60	100	3	100	15	100	78	100

Health Education

One assistant organiser returned during the year having obtained the Diploma in Content and Methods of Health Education awarded by the University of London Institute of Education.

Two continuing trends in the work were again in evidence. One was the increasing number of occasions when advice on health education problems was sought by teachers, social workers and voluntary associations. The other was the reduction in group teaching undertaken by health visitors which began when they were first attached to general medical practices.

The health education staff gave 441 talks to a total estimated audience of 29,000 persons. Films shown numbered 317 and there were 953 loans of visual aids. Health visitors attended the following health education sessions.

	1966	1967
Ante-natal mothercraft and relaxation classes	342	261
Mothers' clubs	265	198
Schools	211	241
Youth clubs	38	52
Others	278	139
TOTALS	1,134	891

The annual refresher course for nurses was again held at the Council's residential conference centre, Lodge Hill, Pulborough, in April. Lectures were given on various aspects of public health work and the discussion sessions again proved popular.

Mass Radiography

The Mass Radiography Unit from Portsmouth continued its visits to many places throughout the County during 1967 and the Surrey Mass Radiography Unit continued to visit Crawley every week. A number of West Sussex cases were also seen at the Brighton Unit, but no separate record of these patients was kept by the Unit.

	Number X-rayed			*Significant pulmonary tuberculosis		Primary lung cancer	
	Male	Female	Totals	Male	Female	Male	Female
General practitioners' chest X-ray service:							
Portsmouth Unit	4,105	3,930	8,035	9†	3†	48†	9†
Surrey Unit ...	560	538	1,098	1	1	1	—
General public and factory groups:							
Portsmouth Unit	4,325	3,241	7,566	—†	—†	3†	—†
Surrey Unit ...	6,692	4,048	10,740	2	2	2	—
TOTALS ...	15,682	11,757	27,439	12†	6†	54†	9†

* i.e. cases requiring treatment and/or close clinic supervision.
† Does not include all results for last quarter.

Chest Clinic Statistics

The details in the next table were supplied by the chest physicians and give an account of the work of the chest clinics. At the end of the year, the total numbers of patients on the registers of the clinics in the

four areas showed a reduction of 14 (432 compared with 446 in 1966). New patients first examined totalled 2,109 (an increase of 2.0 per cent compared with 1966) and, of these, 26 (43 in 1966) were found to be suffering from tuberculosis.

	<i>Chest Clinics</i>			
	<i>Chichester</i>	<i>Crawley</i>	<i>Horsham</i>	<i>Worthing</i>
1. Population of area served ...	158,410	65,000	51,970	189,300
2. Patients on register on 1.1.67 ...	241	94	62	49
3. Additions to register:				
(a) New notifications ...	11	2	2	13
(b) Moved into area ...	3	10	6	6
(c) Restored to register ...	—	—	—	1
4. Removed from register:				
(a) Recovered ...	19	12	2	13
(b) Left area or lost sight of ...	3	3	2	1
(c) Died ...	2	2	2	7*
5. Patients on register on 31.12.67	231	89	64	48
6. (a) New patients first examined	765	341	324	679
(b) Of these, number found to be tuberculous ...	11	2	2	11
7. (a) Contacts examined, including those of 6 (b) ...	92	27	34	55
(b) Of these, number found to be tuberculous ...	1	—	—	—

* Four only from tuberculosis.

Medical Arrangements for Long-Stay Immigrants

During the year, the Department received 230 advice notes, compared with 177 in 1966, about immigrants who had given destination addresses within the County.

Of these, 115 arrived from European countries, 112 from Commonwealth countries, including 76 Asians, and the remaining three were from elsewhere. The health visitors were unable to trace seven of the new arrivals, five of whom were unknown at the destination given at the port of arrival.

Discharge from Hospital

The arrangements outlined in the Report for 1964 relating to the after care of patients discharged from hospital were continued during the year and 444 requests were received, 148 more than last year. The majority of requests (429) were from hospitals in the Chichester and Worthing areas.

The greatest call was for the services of a home nurse and in 30 cases requests were made for more than one form of after care.

County Almoners

There was an increase of 115 in the number of new patients referred to the County Almoners during 1967, the total for the year being 1,248. The proportion of the elderly continued to be high; 927 were over the age of 60 and, in the Worthing area, 327 were over the age of 80.

In addition to these referrals, many were helped through consultation with general practitioners, health visitors, home nurses and others working in direct contact with the patients. With the growth of attachments to general practices, there was a welcome extension of this form of teamwork which also included the Welfare and Children's Departments.

The types of cases referred continued to be complex and patients and their families often required intensive help over a long period. Many of the social and personal problems could be attributed to the effects on the family of long-term illness.

Voluntary organisations gave assistance in the form of personal service and financial aid and continued to play an important part in alleviating hardship. The National Society for Cancer Relief gave grants amounting to £3,672, and the Marie Curie Area Welfare Fund contributed £1,310 towards the care of patients at home and in nursing homes, thus stressing the need for a terminal care home in West Sussex.

Patients benefiting from recuperative holidays arranged through the County Council's scheme numbered 136; in other cases arrangements were made privately or with voluntary help for those needing temporary care or convalescence.

The County Almoners served on a number of committees of voluntary organisations. They contributed towards the training of future social workers by giving talks and lectures and by cooperating in the fieldwork training of students from other Departments. For the first time, a student from a Brighton social science course received part of her training under the supervision of the County Almoners.

Occupational Therapy

The work of the occupational therapist continued along the lines described in earlier editions of the Report.

			1966	1967
Number of new patients	...	...	24	19
Number of patients visited	...	...	96	96
Number of visits made	...	...	760	742
Value of materials sold	...	...	£300	£342

Sussex Rural Community Council

A total of 66 patients received help in various forms and some were helped on a number of occasions; in all, help was given 103 times. The corresponding figures for 1966 were 88 and 124 respectively.

Home Help Service

At the end of the year, the County Home Help Organiser was assisted by three area organisers and seven assistant organisers (one full-time and six half-time) based at Chichester, Horsham and Shoreham-by-Sea. There was also an organiser and an assistant in Worthing, where the scheme was administered by the Borough Council.

At the end of the year, 453 home helps (15 more than in 1966), including two full-time helps were employed and worked a total of 388,112 hours, 4,935 hours more than in 1966. Home helps employed in areas where public transport was inadequate were paid an allowance for the use of their own cars.

The gross expenditure on the service in 1967/68 amounted to £135,137 with an income of £20,003.

During a week in December, 1967 the average hours devoted to each case being helped was 3.5. In previous years, the average number of hours a case a week was calculated by dividing the number of cases assisted during the year into the total number of hours paid for (including sickness and holiday payments), and dividing the result by 52. The figure arrived at gave an artificially low average of hours a case a week.

The mobile unit, the introduction of which was referred to in the last Report, continued to give invaluable service to people living in isolated areas. Because of the range of equipment carried, it was also used to clean dirty and neglected homes.

Four three-day training courses for home helps were held during the year in various parts of the County and proved to be useful in stimulating new interests and in encouraging home helps to recognise that they belong to a team of community health workers.

The number of persons helped rose from 3,771 in 1966 to 3,922 in 1967, an increase of 4.0 per cent; persons helped who were over the age of 65 years rose by 4.5 per cent. There was a small decrease in the use of the neighbourly help scheme; 74 persons received help compared with 77 during 1966.

Category			Number of Persons Helped				
			1963	1964	1965	1966	1967
Aged 65 years and over	...		2,362	2,635	2,970	3,135	3,277
Chronic sick and tuberculous	...	Aged under 65	158	174	143	156	160
Mentally disordered			9	12	14	11	15
Maternity	...		201	163	201	161	145
Others	... ..		340	358	276	308	325
TOTALS	... ..		3,070	3,342	3,604	3,771	3,922

Chiropody

Particulars of the staff employed are given in the table on page 89. A summary of the development of the directly-provided service since its inception in May, 1962 is given in the next table.

Year	Treatments			
	Clinic	Domiciliary	Total	Percentage free
1962*	2,081	—	2,081	43
1963	5,633	—	5,633	43
1964	8,393	211	8,604	39
1965	11,099	1,928	13,027	39
1966	14,925	1,996	16,921	35
1967	17,394	2,017	19,411	35

*Eight months only.

In addition, chiropody was undertaken by 13 voluntary organisations, each of which received financial support from the County Council. These organisations provided 271 chiropody sessions which were attended by 1,912 patients.

The Care of the Elderly

The Council continued to share with the South West Metropolitan Regional Hospital Board the services of two consultant physicians in geriatric medicine. Thanks are again due to them for all they were able to achieve during the year for the elderly and infirm, often with inadequate resources. Dr. J. N. Mickerson of Chichester reports

“The opening of new welfare homes in Middleton-on-Sea and in Chichester has considerably improved welfare accommodation in the area. Increased accommodation for local inhabitants in these new purpose-built homes should occur as the replacement programme for East Preston nears completion, and additional rather than replacement accommodation becomes available.

Only Budgenor Lodge remains as a relic of a bygone age. Here, in a building designed for other purposes and different standards of living, the facilities have been adapted to their limit and the resident staff have been doing a remarkably good job for many years. It is to be hoped that this accommodation will soon be replaced by the excellent modern facilities of the new welfare homes.

Although additional hospital geriatric beds have become available in the past year, further beds are still required. These should gradually become available over the next five or six years as the new district hospital programme gathers momentum at St. Richard’s.”

The pressures on the services in the Worthing area for which Dr. R. B. Franks was responsible remained great as will be seen from the following statistical summaries.

	1966	1967
Applications: Male	292	275
Female	565	553
TOTALS	857	828
Domiciliary assessment visits by consultant or medical assistant	682	674
Average number of hospital beds available for the year ...	258	256
Admissions from waiting list	421	408
Discharges home or to private or welfare accommodation ... (Short-stay discharges included in this figure)	217 (112)	193 (96)
Transfers to geriatric beds in other groups	4	7
Transfers to mental hospital	2	1
Transfers to acute hospital beds	15	9
Deaths in hospital	186	214
Total of discharges, transfers out and deaths	424	424
Discharges, transfers out and deaths per available bed per year	1.6	1.7
Average length of stay in hospital in months	7.3	7.3
Geriatric outpatients seen in clinics	245	204

The next table shows the numbers of patients on the waiting lists at the end of 1966 and 1967.

<i>Type of List</i>	<i>Males</i>	<i>Females</i>	<i>TOTALS</i>
A* ...	18 (28)	99 (91)	117 (119)
B† ...	5 (7)	36 (23)	41 (30)
Short Stay ...	8 (3)	14 (8)	22 (11)
Other Hospital Groups ...	1 (3)	4 (2)	5 (5)
TOTALS ...	32 (41)	153 (124)	185 (165)

*In need of admission.

†Can be nursed at home or in a nursing home for the time being.

Note: The figures in brackets relate to 1966.

For several years, Dr. Franks has been drawing attention to the lack of sufficient hospital accommodation for old people in his part of the County. Repeated appeals to the Regional Hospital Board have so far secured no improvement but there was some evidence in 1967 that help may be on the way. Dr. Franks, ever optimistic, tells the story in his own words.

“There is now, however, very considerable hope for the future. During the year the Regional Hospital Board announced its intention to develop Worthing Hospital, the building programme to include a large number of geriatric beds and a day hospital for geriatric and other cases in need of rehabilitation and day care. The programme has been brought forward one year and it is now hoped to start building in late 1969, with completion of this phase of the development in 1971/72. These new beds should make it possible to shorten the waiting list very considerably and to clear the acute wards of geriatric problems much more quickly than at present.

The existence of the day hospital will make it possible to discharge geriatric and other cases from hospital beds earlier and in many cases will do away with the need for admission to hospital altogether. Patients will be able to attend up to five days a week, have their meals there and return home in the evening. The unit will be sited alongside the physiotherapy, remedial occupational therapy and speech therapy departments, and other facilities will be available, including chiropody, assisted bathing and hairdressing. The responsible relatives will get day-time relief and the patients themselves will receive active treatment. It should be clearly understood that this will be a therapeutic, rather than a social, centre.

It is, of course, a source of great satisfaction to me that these new beds and the day hospital, both of which I first asked for in 1961, are now in sight. However, we are still, in the interim period before completion of this project, left with the problem of elderly patients forced into nursing homes, which they cannot afford, because of the lack of hospital beds. It is greatly to be hoped that a way will soon be found to bring help to these unfortunate old people from statutory sources.”

Towards the end of the year, the County Council were invited to subscribe to an appeal (the St. Barnabas Appeal) for funds for the establishment of a purpose-built home for terminal cancer cases in Worthing. It was decided that a contribution of £1,000 be offered, payable on the receipt of a notification from the Appeal Committee that they have entered into a building contract.

Reference was made in the last Report to the powers acquired by the Council to provide non-therapeutic clinics for the medical examination and advice of elderly persons. Acting under these powers, clinics were started in Littlehampton and Bognor Regis. Dr. F. Cockcroft of Littlehampton reports

“In twelve months 101 persons attended:—

<i>Age</i>	<i>Males</i>	<i>Females</i>	TOTALS
60-69	13	52	65
70-79	19	17	36
TOTALS	32	69	101

The average age of the women was 66 and of the men 70.

Many came via the chiropody clinic, some were referred from Darby and Joan Clubs and other clubs, whilst some were referred by health visitors.

The intention was to see people not attending their doctor and who had not been seen for some time, with the idea of a simple check-up to see if there was any advice that could be given to help them lead a healthier life. Unfortunately many who came were people who did get themselves checked up regularly. If we could see people, recently retired, who have had no recent health check we might obtain more useful results.

The general medical practitioners have been most cooperative. One, Dr. Greenwood, has loaned me his peak-flow meter, which has been very useful in assessing respiratory function. Others have provided me with information when necessary.

The following is a summary of some of the findings.

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>TOTALS</i>
High frequency deafness	18	30	48
Deaf	4	13	17
Obesity	4	10	14
Anaemia requiring treatment	—	1	1
Blood results requiring observation ...	4	8	12
Urine—sugar	1	1	2
—blood	1	1	2
—albumin	—	1	1
High blood pressure	6	16	22
With diastolic 110 or over	3	10	13
Very low peak-flow readings	2	4	6
Oedema of legs	—	2	2
Defective smell	—	2	2
Depression	—	4	4
Eye changes (early signs of cataract) ...	2	4	6
Unsatisfactory housing	2	1	3
Hernia	1	—	1
TOTALS	48	108	156

There were also numerous foot defects, most of the patients had subnormal temperatures and many of them had some degree of arteriosclerosis.

Those with low peak-flow readings, or other chest signs, were referred to the mass radiography unit for chest x-ray. The abnormalities found on x-ray were emphysema and enlarged hearts.

After each person was seen, a summary of the findings was sent to the general practitioner on a small sheet, just the right size to go into the National Health folder.

Most of the people attending appeared to appreciate the opportunity of a check-up; reassurance to many of them was a good tonic and, I think, beneficial just as reassurance to mothers at infant welfare clinics is so often very helpful.”

The Bognor Regis clinic was started on 31st January, 1967 by Dr. D. Warren Browne. It was held on Tuesdays at 11 a.m., after a school minor ailments clinic, and time was therefore limited; 46 patients attended during the year.

<i>Age</i>	<i>Males</i>	<i>Females</i>	TOTALS
50-59	1	1	2
60-64	3	10	13
65-69	8	10	18
70-74	7	6	13
TOTALS	19	27	46

The patients were not representative of the elderly population as a whole, in that they were all active enough to travel independently to the clinic, they were not being treated by their own doctors, most were well aware of the availability of the local social services, none was in the "vulnerably-old" age-group of 80 plus, and the majority had no known major physical disability at the time they were invited to attend. Dr. Warren Browne describes the work of the clinic in the following report.

"Routine examination consists of a fairly rapid but adequate examination of the cardiovascular, nervous, skeletal, and muscular systems. Midstream urine specimens are sent to Portsmouth for quantitative culture and for microscopy of the centrifugal deposit. Blood is sent for routine estimations of Hb; urea; sugar; uric acid; choleresterol; sedimentation rate.

Recently, because of the unexpectedly high Hb figures, we have started to estimate serum-iron and, if necessary, iron-binding capacity, neither of which is related to Hb content. I feel that serum-iron figures are really more informative than are those for Hb read in isolation.

My findings, to date, suggest that patients in this highly-selected group are relatively fit and that most can expect to continue an active life for some time to come. Without exception, they are grateful for, and relieved by, the examination and for the opportunity to ask for advice about relatively minor symptoms which have been causing them anxiety but for which they 'do not like to bother' their own doctors 'who are busy'.

One almost constant and not unexpected finding was the marked reduction in standing-height, compared with their own recollection of their height in their active years. This reduction is not uncommonly as great as 3½" and is probably due to vertebral osteoporosis. Only one subject showed no reduction, and he was in his early sixties. This vertebral condition could well account for a proportion of 'rheumatic' or 'neuritis' symptoms, due to pressure on the nerve roots."

Home Nursing

Staff

Particulars of the staff employed are given in the table on page 89. The integrated scheme of practical district training for state enrolled nurses from Crawley Hospital commenced during the year and two nurses completed their training. Towards the end of the year, discussions were held with representatives of Worthing, Southlands and Swandean Hospitals with a view to providing district training for the pupils of the combined training school which it is proposed to set up at these hospitals in 1968.

Eight state registered nurses completed their Queen's Institute district training during the year. The Council were informed that the Queen's Institute of District Nursing would cease to act as a training and examining body after 1st May, 1968. Local authorities were required to make their own arrangements for training district nurses and to submit their schemes for approval to the Ministry. Discussions were held with representatives of the East Sussex County Council and the County Borough Councils of Brighton, Eastbourne and Hastings and it was agreed to continue the existing training arrangements at Brighton, under the supervision of the local authorities.

Work Undertaken

The numbers of patients treated and the visits paid during the past two years are given below.

	1966	1967
Total number of persons nursed during year	12,516	13,195
Number of persons under 5 years ...	439	413
Number of persons over 65 years ...	8,019	8,358
Total number of visits	295,108	328,203

It will be seen that there were increases in the number of patients treated and in the total number of visits paid. The percentage of patients visited who were over the age of 65 years decreased to 63 per cent from 64 per cent in 1966.

Night Nursing

Difficulty was experienced in recruiting staff willing to undertake occasional night nursing and, at the end of the year, only two male and three female nurses were available.

Applications for night nursing received either from County nursing staff or from general medical practitioners numbered 32. Of these, 27 were cared for by nurses employed by the Department.

Night-Sitter Service

It was not possible to recruit suitable people to act as night sitters. Three applications for a sitter were received and arrangements were made with local councils of social service for a sitter to be provided in each case.

Equipment

As in previous years, the demand for equipment to facilitate the nursing of patients in their own homes continued to rise. Stocks of items such as bath seats, mats and rails almost doubled and, owing to exceptional demand in the latter part of the year, the stock of commodes rose rapidly.

Despite increased stocks of all equipment, issues continued to exceed collections. No fewer than 3,520 items were issued in 1967, compared with 2,599 items in 1966. Collections were 2,286 in 1967, and 1,738 in 1966. The increase in the number of issues in 1966 compared with 1965 was 27.8 per cent; in 1967 compared with 1966 it was 35.8 per cent. Three times as many issues were made in 1967 as in 1964.

At their meeting in June, 1967, the Nursing Sub-Committee approved the appointment of another driver-handyman who commenced duty on 4th September, 1967. Thereafter maintenance and adaptation of equipment was undertaken more easily and, at times of particularly heavy demand, two vans were out at the same time without using clerical staff for this work.

Article	Stock		Number of issues		Article	Stock		Number of issues	
	1966	1967	1966	1967		1966	1967	1966	1967
Back rests ...	75	145	124	196	Helping hands ...	55	73	22	28
Bath boards ...	34	53	15	18	Hoists:				
Bath mats ...	132	276	91	163	Hydraulic ...	25	26	32	47
Bath safety rails ...	97	186	71	132	King ...	21	21	6	3
Bath seats ...	131	227	98	229	Inflatable mattresses ...	19	19	9	7
Beds ...	60	68	58	81	Mattresses ...	76	84	69	94
Bed blocks ...	26	50	12	54	Poles and chains	33	33	43	47
Bed cradles ...	109	156	137	237	Sanicushions ...	12	14	1	1
Bed ladders ...	44	68	18	21	Sanitary pushchairs ...	9	9	13	4
Bed pans ...	122	149	94	117	Seat aids ...	13	21	17	26
Commodes ...	316	420	437	604	Toilet seats (raised) ...	27	45	18	29
Crutches ...	111	125	80	93	Urinals ...	105	159	68	88
Dunlopillo rings	190	274	120	225	Walking aids:				
Ejector seats ...	12	15	5	9	Sticks ...	194	260	141	171
Exercycles ...	3	3	2	1	Frames ...	269	356	274	346
Fracture boards ...	34	46	24	33	Wheelchairs ...	261	314	335	416

Ascertainment Surveys

Diabetes

The Report for 1964 gave particulars of a *Diabetic Survey of a Semi-Rural Group Practice* carried out by Dr. F. Cockcroft, Medical Officer of Health of the Rural District of Worthing, in collaboration with a group of general medical practitioners.

Out of 4,787 persons approached, 2,540 (53.1 per cent) took part in the original survey and seven previously undetected cases of diabetes were found. There were, however, 658 persons with 'at risk' factors

such as diabetic family history, increased thirst, polyuria, obesity, women with large families or a history of miscarriages, babies over 10 lbs., *pruritus vulvae*, and those with positive clinistix results. The follow-up of 493 of these persons was completed and reported upon by Dr. Cockcroft during 1967. For various reasons, no further action was taken in 181 cases (in two of these diabetes had come to light since the original survey) and, of the remaining 312, 58 were positive on urine testing. Of these, a diagnosis of diabetes was subsequently confirmed in three cases.

Phenylketonuria

Babies continued to be tested for phenylketonuria at the age of six weeks; no cases were found in 1967.

Cancer of the breast and cervix

A computer-assisted population screening programme for the prevention of cancer of the breast and cervix commenced in July, 1967 with the opening of clinics in Chichester and Crawley; shortly afterwards family doctors began to participate in the arrangements. The organisation of the scheme is described in a paper which is reproduced at Appendix C.

A second clinic in Crawley was started in December, 1967 and the rate at which progress can be made by the opening of further clinics and by the increased participation of family doctors will be governed by the capacity of the hospital laboratories to screen cervical smears.

The following statistical details show that a high consent rate can be obtained if women are approached systematically, are told in simple language just what is being offered, and are given a timed appointment at a service source (clinic or family doctor) of their own choosing. The system is so designed that a refusal of consent is not registered until a woman who has said that she does not wish to be examined (or who has not replied to three written invitations to make a decision) has been followed up by a health visitor; lines 1 and 2 of the following table are therefore of little significance.

		Chichester	Crawley	TOTALS
1.	Invitations sent	3,598	2,865	6,463
2. Less:	Replies not received ...	788	503	1,291
3.	Replies received	2,810	2,362	5,172
4. Less:	Already examined	160	245	
5.	Dead or left area	187	151	
6.	Over 70 years	244	122	
7.	Awaiting follow-up	464	109	
8.		1,055	627	1,682
9.	Consents and refusals ...	1,755	1,735	3,490
10. Less:	Refusals after follow-up ...	344	244	588
11.	Consents	1,411	1,491	2,902
12.	Percentage of consents ... (i.e. line 11 as percentage of line 9)	80.4	85.9	83.2

When the follow-up visiting (*line 7*) has been completed, the provisional consent rate of 83.2 per cent will be reduced to an extent which it is not possible at present to determine. But if all these women were to decline examination (experience so far suggests that about 10 per cent can be persuaded by health visitors to change their minds), the consent rate would be reduced to 71.0 per cent and that rate of response is better than has so far been attained elsewhere.

The next table gives particulars of the districts in which the consenting women lived, their age groups (on the advice of the Ministry of Health those under the age of 35 years are not at present being offered appointments), and their choice of service source.

Age	Chichester		Crawley		TOTALS
	Clinic	Family Doctor	Clinic	Family Doctor	
Under 35 ...	171	250	218	189	828
Over 35 ...	612	378	760	324	2,074
TOTALS ...	783	628	978	513	2,902

Of the 2,074 women over the age of 35 years who consented to be examined, 1,591 (77 per cent) had actually been examined by the end of the period under review. The next table gives a summary of these examinations.

Examination	Chichester		Crawley		TOTALS
	Clinic	General Practitioner	Clinic	General Practitioner	
Breast only ...	71	30	91	15	207
Cervix and breast ...	529	155	648	52	1,384
TOTALS ...	600	185	739	67	1,591

Results

On clinical examination 78 women (10 Chichester and 68 Crawley) were found to have minor gynaecological conditions and were referred to their family doctors for further investigations and treatment if necessary. Clinical examination of breasts showed unsatisfactory results in 22 cases (one Chichester and 21 Crawley) and these women were all referred to their doctors. At the time the Report was prepared, follow-up investigations of five of these women had been completed, none of whom was found to have malignant disease.

Laboratory examination of the cervical smears revealed that 39 women had minor vaginal infections (12 Chichester and 27 Crawley) and they were all referred to their doctors for advice and treatment.

In five cases (two Chichester and three Crawley) the laboratory findings were suspicious. In two the smears were repeated and were found to be satisfactory and the other three were referred for gynaecological opinion, which is not yet available.

In one case the laboratory findings were reported as positive but the smear was repeated and the result was equivocal. This patient is under observation by her doctor and will be followed up.

PART V—AMBULANCE SERVICE

Development

The new station at Littlehampton came into operational use on 18th March, 1967 (a sketch plan of the building is shown on page 47), and good progress was made with the building of the Horsham station. At Crawley, where the existing buildings will be unable to provide for the increasing needs of the area, a possible site was selected for the replacement station upon which work is expected to start in the financial year 1969/70.

The central control, introduced in 1966, settled down well and contributed greatly to the efficient and economical use of staff and vehicles. Several authorities sent representatives to see the control and there was favourable comment on its proficiency.

Statistics

The accompanying tables show an increase in the work of both ambulances and hospital cars. This was due to the need to take more patients to day hospitals, to increased attendances at hospitals for physiotherapy and radiotherapy, to additional accident and emergency work and to the fact that it is often cheaper to convey patients by road now that a charge is made by the railway authorities for the exclusive use of a compartment.

The total number of patients conveyed in 1967 compared with 1966 increased by 5,773 and the total distance travelled increased by 104,023 miles. The average mileage per patient conveyed by ambulance was 6.7 compared with 6.4 in 1966. Accident and emergency cases rose from 4,693 in 1966 to 4,981 in 1967 (an increase of 6.7 per cent), and accounted for 4.4 per cent of all patients conveyed; the comparable figure in 1966 was 2.4. Patients conveyed by rail for part of their journey numbered 766, which was 66 fewer than in 1966.

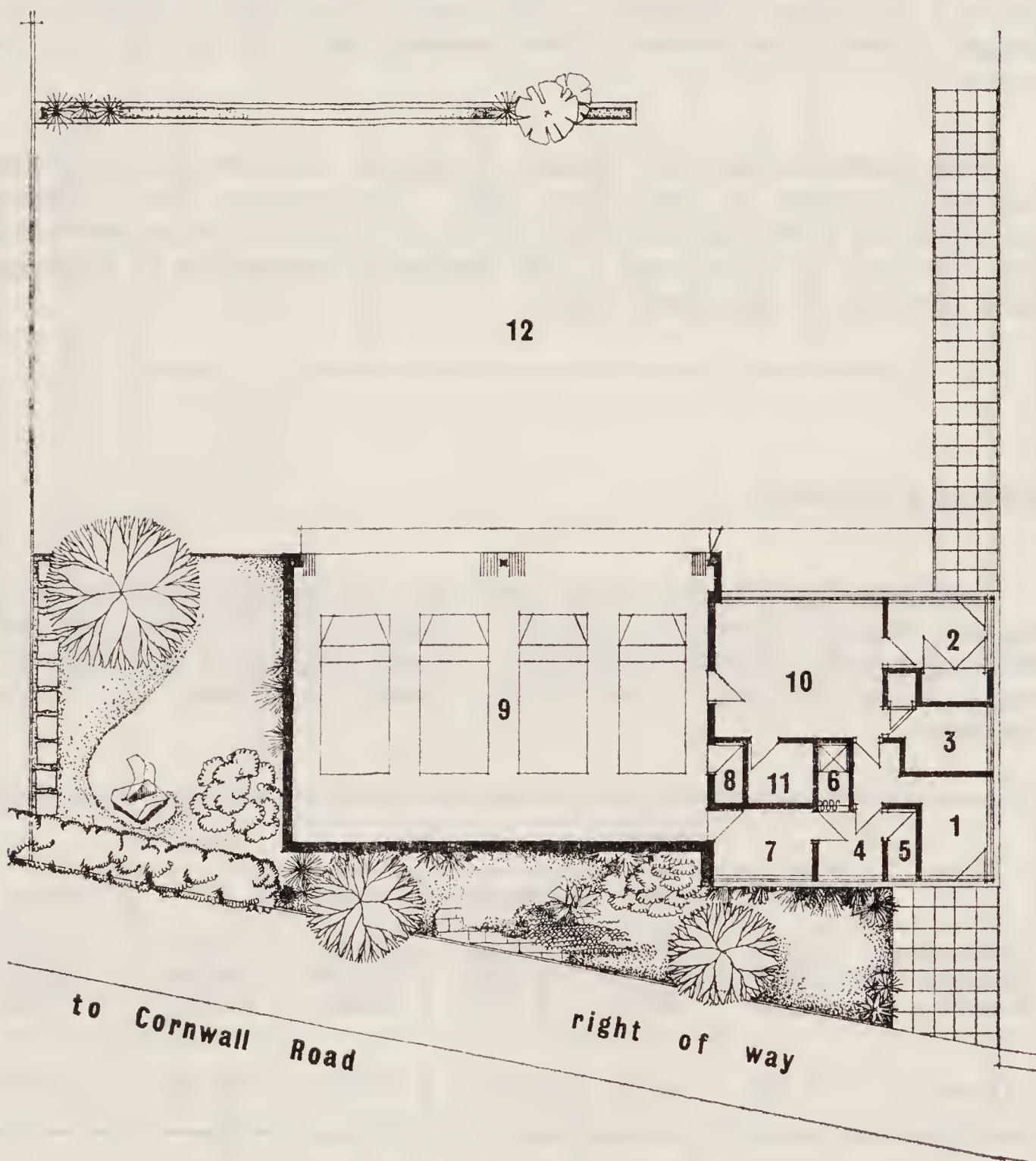
Hospital outpatients were responsible for the majority of abortive journeys. The results of attempts to reduce the number of such journeys were worthwhile but experience showed that they were frequently due to a failure by the hospitals to pass relevant messages to the ambulance control.

LITTLEHAMPTON

AMBULANCE STATION

- 1 Lockers and Rear Entrance
- 2 Office and Front Entrance
- 3 Kitchen
- 4 Washroom
- 5 Shower Cubicle
- 6 Toilet

- 7 Sluiceroom
- 8 Garage Maintenance Storage
- 9 Garage
- 10 Duty Room
- 11 Linen Room
- 12 Vehicular Forecourt



0

50 ft.

Staff and Vehicles

The table on page 49 shows the numbers of staff and vehicles at the ambulance stations at the end of each of the past two years.

An initial training course of three weeks' duration was held for new entrants, and 58 of the existing staff attended 10 in-service courses, each of one week's duration. When possible, staff also attended the casualty departments of the Royal West Sussex Hospital (St. Richard's), Chichester and of the Worthing and Redhill Hospitals. A new development was the introduction of a course for the graduate examination of the Institute of Ambulance Officers, and it is hoped that 11 of the staff will take the examination in May, 1968. A driver/attendant from Worthing attended the first of the Ministry of Health's experimental training courses at Bishop's Waltham, Hampshire, which was of six weeks' duration; the Deputy County Ambulance Officer assisted with the lectures at this course.

Nine teams entered the County Ambulance Efficiency Competition held in Chichester on 13th May, 1967. The previous year's winners from Crawley were again successful and (for the second successive year) were third out of 12 entrants in the Regional Competition at Battersea Park, London, on 24th June, 1967.

Hospital Car Service

The following table shows that there were substantial increases during the year, but the mileage was still below that of 1963 (923,896), and well below the peak of 1961 (1,126,827). A rise had been foreseen and, owing to the additional commitments already mentioned, was in fact inevitable.

Area	Patients			Miles		
	1966	1967	Variation	1966	1967	Variation
Chichester	22,838	28,839	+ 6,001	216,941	270,351	+ 53,410
Horsham	22,459	25,120	+ 2,661	316,470	340,353	+ 23,883
Worthing	32,984	34,936	+ 1,952	264,028	285,482	+ 21,454
TOTALS ...	78,281	88,895	+ 10,614	797,439	896,186	+ 98,747

Thanks are due to the drivers for their cooperation and assistance, sometimes at short notice. Their devotion to duty was impressive during the heavy snowfall which occurred on 8th December, 1967 when all outpatients were taken home under the most adverse weather conditions.

AMBULANCE SERVICE **Staff, Vehicles, Mileage and Patients**

<i>Station</i>	<i>Staff</i>		<i>Vehicles</i>		<i>Mileage</i>			<i>Patients</i>	
	1966	1967	1966	1967	1966	1967	Variation	1966	1967
Bognor Regis ...	9	9	6	6	100,105	91,571	— 8,534	26,883	24,707
Chichester ...	*21	*22	6	6	103,775	119,255	+ 15,480	15,336	15,417
Crawley ...	10	12	6	6	102,310	105,147	+ 2,837	16,588	16,840
Horsham ...	10	9	4	4	88,727	83,759	— 4,968	10,394	10,140
Littlehampton ...	5	5	2	2	62,379	60,168	— 2,211	5,811	5,118
Midhurst ...	4	4	2	2	48,282	42,472	— 5,810	3,462	1,689
Pulborough ...	3	3	2	2	49,741	45,060	— 4,681	1,778	1,615
Shoreham-by-Sea ...	5	5	3	3	50,665	50,861	+ 196	7,527	5,972
Worthing ...	18	19	8	8	161,957	174,924	+ 12,967	31,299	32,689
TOTALS ...	85	88	39	39	767,941	773,217	+ 5,276	119,028	114,187
									—4,841

* Including 10 control staff.

Civil Defence

On 31st July, 1967 the Ministry of Health announced (by Circulars 13/67 and 14/67) new arrangements for providing ambulance services in war by the formation of a new ambulance reserve and for the first aid services to be provided by voluntary aid societies supplemented by the staffs of local authorities. At the end of the year, 87 persons had enrolled in the ambulance reserve.

PART VI—MENTAL HEALTH SERVICE

A Pattern of Development

Seven years after the inception of the *Mental Health Act, 1959* it is possible to see a definite pattern evolving for the care of the mentally disordered along the lines of the recommendations of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency (1954 to 1957). Whilst the function of the psychiatric hospital is to provide relatively short-term care for acute conditions and for the stabilisation of persons suffering from chronic complaints, the local health authority seeks to support the mentally disordered in their own homes and, in so doing, is sometimes assisted by the day hospital and by the psychiatric out-patients' clinic.

Mental disorder is no respecter of persons nor does it have much regard to sex or age; all disorder of the mind is tragic and the solutions to some of the problems it creates for the patients, young and middle-aged, for their families and for the community, are rarely easy to find. They are even more complex in the psychogeriatric and subnormality fields where the demands for long-term care are continuing to increase with the lengthening expectation of life. Much remains to be done before it can be said that standards of care and support for the mentally afflicted are all that they should be.

Mental Welfare Officers

A welfare assistant successfully completed a course of training for the Certificate in Social Work and was thereafter employed as a mental welfare officer in the Shoreham-by-Sea area. This meant that four of the five areas were each staffed by two mental welfare officers; a single officer was employed in the Arundel/Littlehampton area. In addition to these nine mental welfare officers, there was a Superintendent Mental Welfare Officer, and a female officer based at Horsham undertaking the visiting of mentally subnormal persons in the north-eastern part of the County.

Following consultation with the Ministry of Health, a recommendation was made by the County Health Committee for an appreciable increase in the staff establishment of mental welfare officers to take effect in the financial year 1968/69.

Statistics

Mental Illness

The following statement, provided by Graylingwell Hospital, shows the numbers of patients admitted to the hospital during 1967. The mental welfare officers assisted in the arrangements for statutory admission of patients under sections 25, 26 and 29 of the *Mental Health Act, 1959*.

Informal admissions rose by 133 and the number of persons admitted under statutory procedure rose by 33 compared with 1966. There was a small reduction in the number of cases dealt with under the “emergency” section.

Admissions to Graylingwell Hospital

<i>Mental Health Act, 1959</i>	<i>Male</i>	<i>Female</i>	TOTALS
Section 5—(Informal)	475 (419)	758 (681)	1,233 (1,100)
Section 25—(Observation — 28 days)	24 (24)	77 (44)	101 (68)
Section 26—(Treatment) ...	11 (10)	31 (24)	42 (34)
Section 29—(Observation in emergency—3 days)	49 (48)	83 (93)	132 (141)
Section 60 } (Court Orders) ...	1 (—)	— (—)	1 (—)
Section 65 } (Court Orders) ...	1 (—)	— (—)	1 (—)
Section 71 } (Court Orders) ...	— (1)	2 (1)	2 (2)
Section 72—(Transfer from prison by Home Office)	— (1)	— (—)	— (1)
TOTALS	561 (503)	951 (843)	1,512 (1,346)

Note: The figures in brackets relate to 1966.

The average age on admission was 48 years and 390 of the patients admitted were aged 65 or over.

During the year, 1,346 patients (475 males and 871 females) left the hospital and 187 (74 males and 113 females) died. Of the 187 deaths, 160 were of people over 65 years of age.

At the end of the year, 10 mentally ill persons were being maintained by the local health authority in residential accommodation.

Mental Subnormality

The total number of subnormal persons under care at the end of the year is shown in the next table.

<i>Form of Care</i>	<i>Male</i>	<i>Female</i>	<i>Children</i>	<i>TOTALS</i>
Hospitals and homes under regional hospital board	211 (219)	136 (128)	79 (84)	426 (431)
Mental nursing homes ...	— (—)	— (—)	6 (6)	6 (6)
Residential homes	8 (7)	30 (33)	6 (4)	44 (44)
Boarded out in private homes	8 (8)	24 (24)	3 (2)	35 (34)
Durrington Hostel	— (—)	1 (—)	22 (22)	23 (22)
Rustington Hostel	23 (17)	— (—)	— (—)	23 (17)
Informal community care ... (3 of the cases in residential or private homes are subject to guardianship orders)	283 (273)	305 (277)	202 (139)	760 (689)
TOTALS	533 (524)	496 (462)	318 (257)	1,317(1,243)

Note: The figures in brackets relate to 1966.

At the end of the year, the names of 39 subnormal persons were on the waiting list for admission to hospital. This was 14 more than at the end of 1966 and some of them were urgent.

The following particulars show the immediate sources of information which led to subnormal persons being dealt with during the year.

<i>Source of Referral</i>	<i>Male</i>	<i>Female</i>	<i>TOTALS</i>
General practitioners	5 (2)	1 (2)	6 (4)
Hospitals	6 (5)	6 (4)	12 (9)
Courts and police	1 (1)	— (—)	1 (1)
Local education authority ...	10 (13)	9 (7)	19 (20)
Other sources	31 (24)	22 (21)	53 (45)
TOTALS	53 (45)	38 (34)	91 (79)

Note: The figures in brackets relate to 1966.

The cases were dealt with as follows.

<i>Disposal</i>	<i>Male</i>	<i>Female</i>	<i>TOTALS</i>
Admitted to psychiatric hospitals ...	— (—)	— (2)	— (2)
Placed in residential homes	5 (7)	3 (2)	8 (9)
Placed in mental nursing homes ...	— (1)	— (—)	— (1)
Placed under informal community care	48 (37)	35 (30)	83 (67)
TOTALS	53 (45)	38 (34)	91 (79)

Note: The figures in brackets relate to 1966.

Training Centres

The next table shows the numbers of pupils and staff at training centres. In addition, 11 other pupils attended centres maintained by other authorities or by voluntary bodies.

Centre	Staff		Pupils					
	Head Teacher/ Manager	Assist- ant Teachers and Trainees	On register					Daily average attend- ance
			Males		Females		TOTALS	
			Under 16	Over 16	Under 16	Over 16		
*† Fordwater ...	1	8	24	10	14	21	69	59
*† Crawley ...	1	6	27	2	16	14	59	45
* Durrington ...	1	9	42	—	38	—	80	69
† Rustington ...	1	4	—	32	—	—	32	29
† Worthing ...	1	5	—	19	1	33	53	43

*Junior Training Centre. †Adult Training Centre.

Fordwater Training Centre, Chichester was officially opened on 20th April, 1967 by Julian Snow, Esq., M.P., Parliamentary Secretary to the Ministry of Health. This is the latest in the County Council's programme of purpose-built centres and completed its first year of occupation in September, 1967. There is no doubt from the experience gained in this and other new centres that well-designed and adequately-equipped premises are of great benefit to pupils and staff. Many favourable comments have been received from parents, staff and others who are concerned with the provision of facilities for mentally handicapped children and adults.

The extensions to the hostel and training centre for young men at Rustington were nearing completion at the end of the year and will be occupied early in 1968. Towards the end of the year, detailed plans of the proposed extension to Worthing adult training centre (to provide an additional 30 places) were submitted to the Ministry of Health for approval.

At Shoreham-by-Sea a "play-group" was opened for retarded pre-school children; this was held on one morning a week and was staffed by volunteers.

All the training centres have parent/teacher organisations or associations of friends who give active support in social and other extra-curricular activities which are a valuable part of training-centre life.

Voluntary effort of this kind is appreciated and cooperation with local societies for the mentally handicapped has been strengthened by the co-option of a representative of these societies on the Mental Health Sub-Committee.

Short-Term Care and Holidays

During the year, 13 patients were admitted to the Forest Hospital, Horsham, four to the Royal Earlswood Hospital, Redhill and one to the Manor Hospital, Epsom, for short-term care owing to the illness of their parents or other special circumstances. Nine males were admitted to Rustington Hostel and 18 children were admitted to Durrington Hostel for short periods. In addition, 14 patients were placed in residential homes for short-term care.

Ninety-two pupils from junior training centres spent a week's holiday at Pirates' Spring Holiday Home, Dymchurch, Kent in May, 1967 and 41 pupils from Worthing centre spent a week at Sandown, Isle of Wight, during May, 1967. In addition, 38 pupils from Rustington Centre spent a week in North Wales during May, 1967.

Hostels

In September, 1967 a rehabilitation hostel for mentally ill persons was opened in Cortis Avenue, Worthing. The accommodation comprises a pair of semi-detached council houses of pre-war design, allocated and adapted for such use by Worthing Corporation; a resident female warden was appointed for the support of the eight residents.

The selection of the initial residents was undertaken by a consultant psychiatrist of Graylingwell Hospital. All were suffering from chronic conditions; some were over 60 years of age, and the majority had been in hospitals for long periods. Spectacular results are not expected of such a project and experience is as yet too limited to form firm conclusions about its value. The hostel has, however, worked well in that all the residents are happy and two were holding jobs at the end of the year. The close association between the staff of the Department and the hospital psychiatrists was also encouraging.

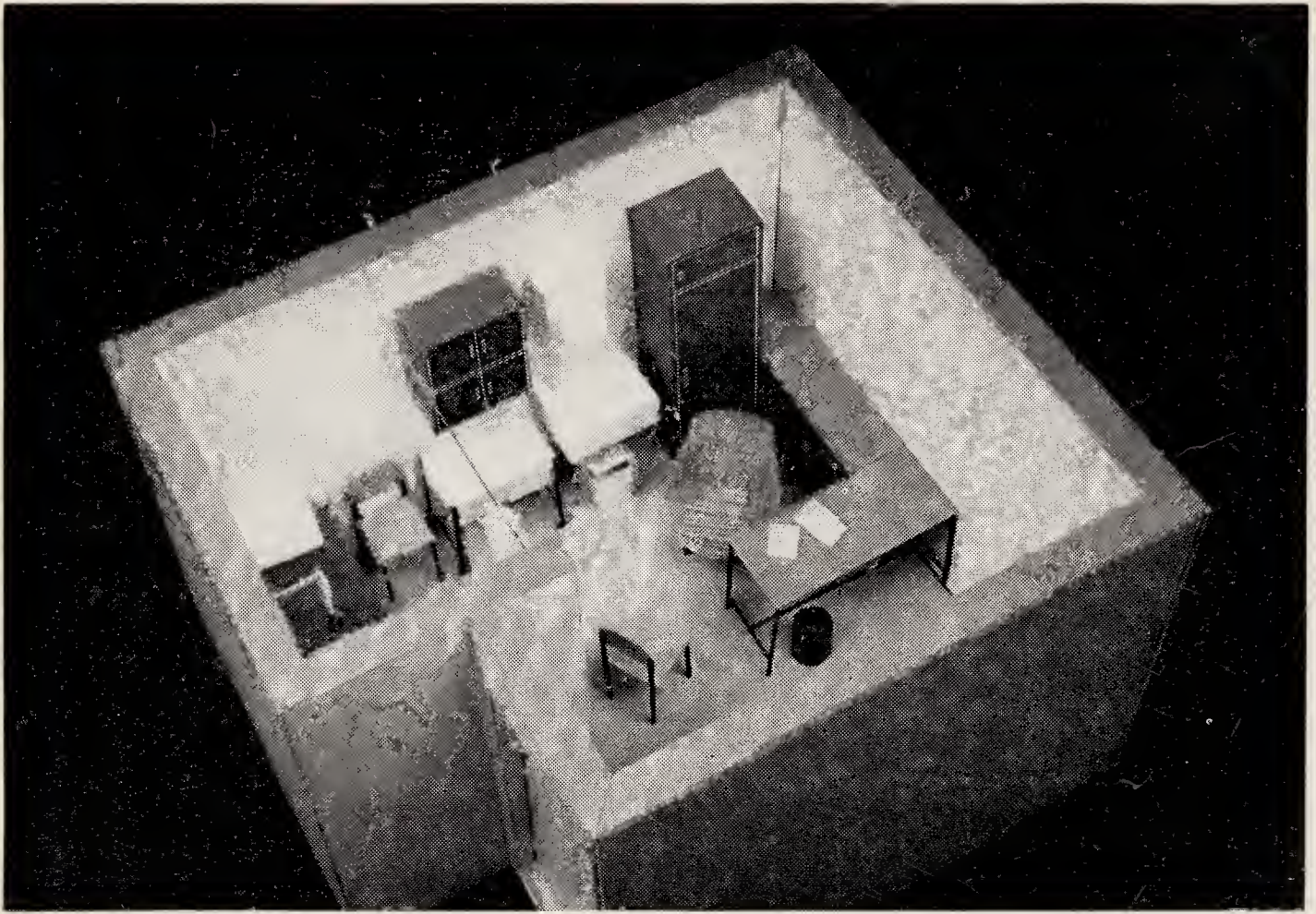
The next table gives particulars of the numbers of persons resident in each of the hostels at the end of each of the past two years.

<i>Hostel</i>	<i>Males</i>	<i>Females</i>	<i>TOTALS</i>
*Durrington	13 (12)	10 (10)	23 (22)
†Rustington	23 (18)	— (—)	23 (18)
‡Worthing	2 (—)	6 (—)	8 (—)
TOTALS	38 (30)	16 (10)	54 (40)

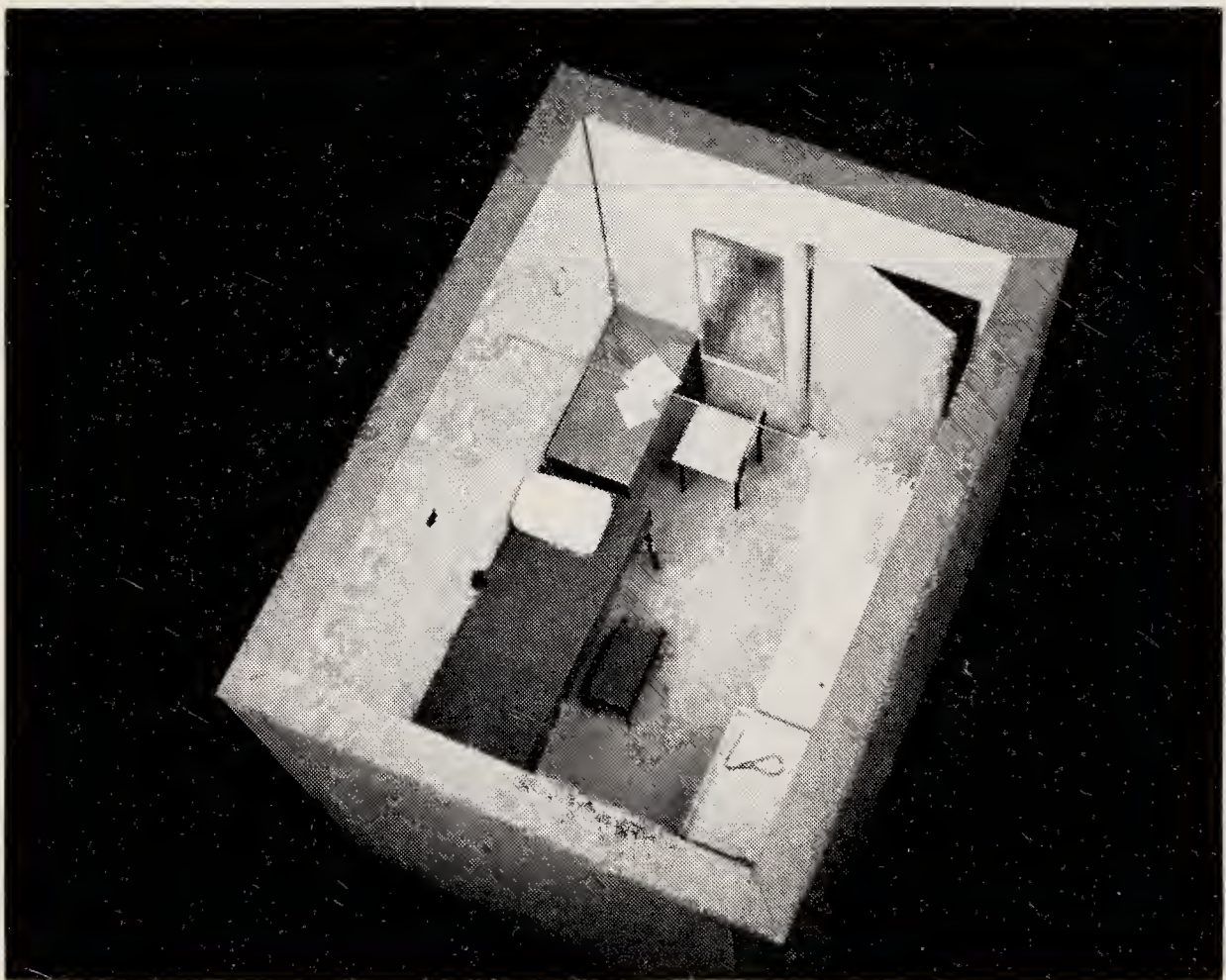
* For subnormal children. † For subnormal youths. ‡ For the mentally ill.

Note: The figures in brackets relate to 1966.

HEALTH CENTRE DESIGN — Three-dimensional Scale Models



A Family Doctor's Consulting Room (120 square feet)



An Adjoining Examination Room (60 square feet)

PART VII—OTHER SERVICES

Health Centres

Consultations continued to take place with the Executive Council for West Sussex, with the hospital authorities and with groups of medical and dental practitioners regarding the provision of health centres. User activity diagrams and three-dimensional scale models were prepared in order to clarify the thinking of those responsible for the preparation of schedules of accommodation requirements and sketch plans. These were found to be extremely useful in discussions held with the professional staff who will be working from the proposed buildings. Photographs of the models of a family doctor's consulting and examination rooms appear on the opposite page.

At the end of the year, the various schemes seemed likely to proceed in the following order.

Health Centre	Building programme (year)	Approximate population to be served	No. of family doctors	
			Working in the area	Wishing to practise from the Health Centre
*Shoreham-by-Sea ...	1967/68	32,000	9	9
*Horsham ...	1968/69	44,000	16	14
*Bognor Regis ...		40,000	19	5
*Lancing ...		20,000	9	5
Chichester ...	1969/70	50,000	16	3
Littlehampton ...		22,000	13	6
Crawley (Broadfield) ...		15,000	6	6
Worthing ...		80,000	42	5
Henfield ...	1970/71	5,000	2	2
TOTALS ...		308,000	132	55

* The Executive Council have decided that no provision shall be made for general dental services in these premises.

At the end of the year, the situation with regard to each of the schemes included in the building programme for the years 1967/68 and 1968/69 was as follows.

Shoreham-by-Sea: Minor modifications to the sketch plans were carried out following meetings with family doctors on 28th September, 1967 and at the Ministry of Health on 13th October, 1967. By letter dated 13th December, 1967 the Minister stated that, subject to any representations he may receive by 6th February, 1968 on the Council's formal proposal submitted under Section 20 of the *National Health Service Act, 1946*, he was prepared to approve the Council's proposals to provide the health centre in the form in which they had been submitted.

Horsham: By letter dated 19th May, 1967 the South West Metropolitan Regional Hospital Board invited the County Council to consider building the health centre on hospital land in Hurst Road in order to secure better integration of services. Enquiries revealed that this was likely to be favoured by a majority of the family doctors. The Board's suggestion was considered by the Nursing Sub-Committee on 2nd June, 1967 when it was

RESOLVED:

- (i) That the views of the County Planning Committee and of the Executive Council for West Sussex be sought on the proposal to build the health centre on land adjoining Horsham Hospital.
- (ii) That the appropriate officers of the County Council be instructed to consult forthwith with those of the Regional Hospital Board, with a view to delineating the area of hospital land required, having regard to the accommodation and car parking requirements of the local health and hospital authorities.
- (iii) That the County Valuer and Land Agent be instructed to advise the Sub-Committee regarding the terms upon which such land could be acquired by the County Council.
- (iv) That the Clerk be instructed to seek an assurance from the Ministry of Health that such land could, upon the formal recommendation of the Regional Hospital Board not later than 31st December, 1967, be made available to the County Council not later than 31st March, 1968.
- (v) That the proposal to build the health centre on the hospital site be approved, subject to a satisfactory outcome of the foregoing consultations not later than the meeting of the Sub-Committee to be held on 5th January, 1968.
- (vi) That, in the absence of satisfactory conclusions by that date, the present intention to build the health centre on the fire station site in North Street be proceeded with.
- (vii) That the Regional Hospital Board and the Executive Council for West Sussex be invited to join the County Council in making an approach to the local transport undertakings regarding the possibility of improving the local bus services if the health centre were to be built on the hospital site.

At the meeting of the Sub-Committee held on 5th January, 1968 it was reported that there had been a satisfactory outcome of the consultations referred to in paragraphs (i) to (iv) above and it was accordingly

RESOLVED: That the proposed erection of the health centre on the hospital site in Hurst Road, Horsham, be now agreed and that the County Valuer and Land Agent be instructed to negotiate forthwith for the acquisition of the hospital site in Hurst Road and, with the agreement of the other Committees concerned, the eventual disposal of the existing clinic and land.

Bognor Regis: The views of the Urban District Council were awaited on an approach made to them by the County Council for the acquisition of a site in the Chapel Street/Steigne Street area.

Lancing: Steps were being taken to acquire additional land in Penstone Park required for essential car parking. As the site already owned by the County Council in Penstone Park is large enough for the health centre building and some car parking the County Architect had been instructed to proceed with the preparation of sketch plans.

Blind and Partially-Sighted Persons

Registration

On 31st December, 1967, there were 1,211 blind and 429 partially-sighted persons on the register, compared with 1,148 blind and 395 partially-sighted on 31st December, 1966.

Examination of applicants for registration

During the year, 182 new (i.e. excluding transferred) cases of blindness and 101 cases of partial sight were added to the register following examination by consultant ophthalmic surgeons.

Seven registered blind persons were removed from the blind register following surgical treatment (one retinal and six cataract operations). Three were reclassified as partially-sighted and the other four were deleted from the register completely.

Three registered partially-sighted persons were removed from the register following improvements in vision, in two cases as a result of successful cataract operations.

Thirty-three partially-sighted persons were transferred to the blind register because of deterioration in vision.

Follow-up action

Where treatment was recommended by ophthalmic surgeons, the cases were followed up to ensure that the treatment prescribed was carried out. The results of this follow-up action are tabulated below.

	<i>Primary Ocular Disease</i>			TOTALS
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Other</i>	
1. Number of cases registered during the year in respect of which Forms B.D.8 recommended:				
(a) No treatment	6 (25)	3 (4)	32 (86)	41 (115)
(b) Treatment (medical, surgical, optical or hospital supervision)	55 (71)	41 (31)	146 (74)	242 (176)
TOTALS	61 (96)	44 (35)	178 (160)	283 (291)
2. Number of cases at 1 (b) above which:				
(a) Continued to receive treatment	25 (65)	29 (31)	62 (73)	116 (169)
(b) Refused treatment... ..	1 (2)	— (—)	1 (—)	2 (2)
(c) Had treatment deferred or discontinued	17 (1)	8 (—)	67 (—)	92 (1)
(d) Were placed on waiting list for admission to hospital	2 (3)	1 (—)	1 (—)	4 (3)
(e) Died or left County before investigation	10 (—)	3 (—)	15 (1)	28 (1)
TOTALS	55 (71)	41 (31)	146 (74)	242 (176)

Note: The figures in brackets relate to 1966.

Ophthalmia Neonatorum

For the second successive year, there were no notifications of ophthalmia neonatorum.

Nurseries and Child Minders

The Nurseries and Child Minders Regulation Act, 1948 places a duty upon local health authorities to keep registers of, and empowers them to supervise

- (a) premises (i.e. day nurseries) in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days; and
- (b) persons (i.e. child minders) in their area who for reward receive into their homes children under the age of five to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days.

It is an offence under the Act for an occupier of premises to carry on a day nursery if the premises are not registered or for an unregistered child minder to receive into his home three or more children, of whom he is not a relative, from more than one household.

As will be seen from the following table, the growth in the numbers of registrations continued in 1967; registrations of both persons and premises have increased threefold in the past five years.

	Numbers registered at 31st December		Numbers of children provided for	
	1966	1967	1966	1967
(a) Premises	80	92	1,912	2,291
(b) Daily minders	26	40	263	461

Nursing Homes and Nurses Agencies

At the end of 1967 there were 56 nursing homes registered with the County Council. Although this was one fewer than the number registered at the end of 1966, the number of beds provided rose by 54 to a total of 1,089. All the homes were inspected regularly by the medical inspector of uursing homes who reported that the standards required by the County Conncil were generally well maintained.

The majority of homes accommodate the elderly and chronic sick and, subject to the availability of suitable staff, were usually fully occupied. Rising costs compelled some proprietors to increase their charges for accommodation and there was evidence that this created hardship for

numbers of patients who could not otherwise obtain the care and attention they required because of inadequate hospital provision, particularly for the elderly. Representations were accordingly made to the South West Metropolitan Regional Hospital Board suggesting that, until such time as additional hospital beds could be brought into use, the Board should enter into contractual arrangements for the reservation of accommodation in selected nursing homes; this was still under consideration at the end of the year.

The following table gives details of the registration of nursing homes in the County during the past five years.

	1963	1964	1965	1966	1967
Registered at 1st January	62	63	61	62	57
New registrations	10	12	2	1	6
Registrations withdrawn	9	14	1	6	7
Registered at 31st December... ..	63	61	62	57	56

The accommodation available at the end of the year in nursing homes registered by the Council is shown below.

Size of homes (beds)	Number of homes	Number of beds provided			
		General	Maternity	Psychiatric	TOTALS
25 and over	11 (4)	277	—	171	448
20 to 24	9 (1)	180	—	15	195
15 to 19	16	262	—	—	262
10 to 14	12	143	—	—	143
5 to 9	5 (1)	26	—	8	34
Under 5	3	3	4	—	7
TOTALS	56 (6)	891	4	194	1,089

Note: The figures in brackets denote homes (included in totals) also registered as mental nursing homes under the *Mental Health Act, 1959*.

It will be noted that only four maternity beds were provided, which suggests that there is little demand for this type of private accommodation in the County. Homes undertaking surgical operations were two in number, both in Worthing.

Medical Termination of Pregnancy

The *Abortion Act, 1967* received the Royal Assent on 27th October, 1967. It requires that any treatment for the termination of pregnancy must be carried out in a hospital vested in the Minister of Health or Secretary of State under the *National Health Service Acts* or in a place for the time being approved by the Minister or Secretary of State.

By press advertisement, the Minister invited establishments who wished to apply for his approval to return completed application forms to the Ministry by 15th December, 1967 and, since it seemed likely that a high proportion of applications would be received from nursing homes registered under the *Public Health Act, 1936*, the Minister invited local authorities (by L.H.A.L. 24/67 dated 30th October, 1967) to check the facts on the application forms submitted to him by registered nursing homes in their areas and to say whether there was any reason why the Minister should not give his approval.

Two applications were received by the Ministry from the proprietors of registered nursing homes in the County, both were supported by the Department and both were subsequently approved by the Minister under Section 1 (3) of the *Abortion Act, 1967*.

Nurses Agencies

Agencies licensed by the Council for the supply of nurses numbered four, the same as at the end of 1966.

PART VIII—ENVIRONMENTAL HEALTH SERVICE

The Ambulance and Public Health Sub-Committee continued to exercise responsibility for the environmental health services and took appropriate action on such matters as the control of milk supplies (particularly with regard to brucellosis and the processing and distribution of heat-treated milk) and grants for the extension of water mains and the provision of sewers.

Good relations existed between the staff of the Department and those employed by district councils and other public bodies; this enabled matters of joint concern to be dealt with speedily and effectively.

Fluoridation of Water Supplies

No progress was made on implementing the County Council's resolution of November, 1965 which urged all water undertakers operating in the County to raise the fluoride content of water supplied to one part per million. All the water undertakers concerned supply water to other local health authorities outside the County who have not so far approved the fluoridation of water supplies. The water undertakers contend that they are unable to fluoridate parts of their water supply.

By letter dated 8th July, 1966 the Ministry of Health stated that, in view of the differing decisions on fluoridation by the local health authorities who share the same water supplies, the technical obstacles appeared insurmountable and they regretted that they were unable to offer any immediate solution to the problem. They did however assure the Council

that the Minister “will not lose sight of the need to seek a solution to a situation in which the democratic decisions of local health authorities may be frustrated for technical reasons.” By letter dated 7th September, 1967 the Ministry were asked whether they were any nearer to finding such a solution and they replied (by letter dated 18th October, 1967) that there was as yet nothing further to report. They added that they had “well in mind the circumstances in which your Council and others in similar situations are frustrated in their desire for the introduction of fluoridation.”

The water undertakers supplying water in West Sussex confirmed that there had been no alteration in the natural fluoride content of their supplies; details were given in the Report for the year 1962.

Supervision of Milk Supplies

The supervision of milk retailed in the County continued to operate along the lines described in earlier Reports. Some re-arrangement of the duties of officers employed by the County and District Councils was agreed in order to reduce to a minimum the possibility of duplicating their activities. It was decided that district officers would normally maintain a sampling service in regard to retail outlets and that the County Council officers would concentrate their efforts on the control of heat-treatment plants and on isolating *brucella* in farm supplies. In districts where local officers were unable to take routine samples of milk, the County Council would undertake the work; these arrangements proved to be satisfactory in all parts of the County.

A total of 1,758 samples of milk were procured, 990 of raw or untreated milk and 768 of treated milk. In addition 1,114 individual cow samples were collected.

Raw Milk

All raw milk samples were examined for the presence of *brucella* infection by the milk ring test, and for the presence of inhibitory substances including antibiotics. The milk ring test is a useful screening procedure; it quickly reveals the presence of antibodies connected with *brucella* infection but does not necessarily indicate that the infection is active. Samples giving positive results are further examined by culture or by guinea-pig inoculation. Of the 990 samples of raw milk, 274 taken from 29 farms gave positive ring test recordings and were cultured or inoculated into guinea-pigs. Twenty-six samples gave positive indications of infection. A further 19 animals in the herds under scrutiny were shown to be infected with *brucella* following veterinary sampling procedures.

The general procedure adopted by the Department for dealing with milk supplies infected with *brucella* organisms is to contact the farmer and, if he is willing to cooperate by removing infected animals from the herd, to offer assistance in isolating these animals. Under this procedure,

45 animals were isolated and, by the end of the year, 17 had been sent for slaughter. A further 22 remained in isolation awaiting a similar fate and the remainder were placed in herds sending milk for heat treatment. These efforts have scanned 461 of the 710 dairy herds in the County and, in view of the creditable results, arrangements are being made to deal similarly with the remaining herds.

Where untreated milk which is sold retail is found to be infected, full information is passed to the district medical officer of health who arranges for the supply of milk to be diverted for heat treatment. In all cases where infection is shown to be present in a herd, adequate warning is given to the farmer and his staff of the risk involved in the consumption of the farm milk supply without prior heat treatment.

A total of 1,114 samples were taken from individual cows for examination for the presence of *brucella* organisms. The 990 samples of raw milk were also examined for keeping quality by the methylene blue test; 27 of these failed to pass the test.

Heat-Treated Milk

Samples of heat-treated milk (comprising pasteurised, Channel Island (pasteurised), homogenised (pasteurised) and sterilised) procured during the year totalled 768. No pasteurised milk failed the phosphatase test (which is indicative of adequate heat treatment) and only eight samples failed the methylene blue test, indicating unsatisfactory keeping quality. All samples of sterilised milk satisfied the turbidity test.

The County Council controls and licenses five heat-treatment plants, one of which is at an independent school. Of the four which serve the public, three are of the high temperature short-time (HTST) type and the other is of the holder pattern. Each dairy is subject to regular inspection by the County Public Health Inspector.

Inhibitory Substances in Milk and Cream

A total of 990 samples of raw milk and 19 of cream were examined for the presence of inhibitory substances. None of the cream samples contained inhibitory substances but 11 milk samples from farms were positive. In each instance a thorough investigation was carried out. In 10 cases the inhibitory substance was identified and in 9 of these it was shown that the use of antibiotics was involved. A cautionary letter was sent where this was thought to be necessary. In all instances repeat samples were negative.

Cream

Of the 19 samples of cream examined, 13 were of cream made from untreated milk and six were of cream made from pasteurised milk or pasteurised after manufacture. Four samples of raw cream failed the methylene blue test, indicating poor keeping quality.

Bottle Washing at Dairies

Regular examination of empty cleansed milk bottles continued and a total of 884 were submitted to the laboratory. The results are set out on the next page.

	1966	1967
Number of bottles satisfactory ...	1,052	648
Number of bottles fairly satisfactory ...	68	100
Number of bottles unsatisfactory ...	50	136
TOTALS ...	1,170	884

Most of the unsatisfactory results came from two particular dairies. At one of these, the mains water pressure was low, which gave inadequate final rinsing to the bottles but, at the end of the year, a water pressure boosting set was installed; future results should show improvement. At the other dairy, bacteria collected in the calcium scale which formed on the equipment when the water was brought to operating temperature. In this instance, a water softening plant was installed and the bottle washing unit was descaled. Again, future results should show improvement.

Water samples taken at dairies numbered 31. All were of satisfactory quality.

Water Supplies

Grants in aid under the *Rural Water Supplies and Sewerage Acts, 1944 to 1965* were made to the following water board and district authority for extensions of existing water mains. In all cases the new services replaced existing supplies known to be of unsatisfactory quality. The revised estimate of contributions made by the County Council in 1967/68 towards water supply was £15,700.

North West Sussex Water Board

Easebourne (Midhurst R.D.)

Parham Estate (Chancetonbury R.D.)

Chichester R.D.C.

Ham Road area of Sidlesham (and extension to sewage disposal works)

The following samples were obtained on behalf of the North West Sussex Water Board.

<i>Water Sampled</i>	<i>Number Taken</i>	<i>Number Satisfactory</i>	<i>Number Suspicious</i>	<i>Number Unsatisfactory</i>
Treated ...	542 (357)	541 (357)	1 (—)	— (—)
Prior to treatment	314 (759)	219 (660)	24 (29)	71 (70)
TOTALS ...	856 (1,116)	760 (1,017)	25 (29)	71 (70)

Note: The figures in brackets relate to 1966.

Sewerage

Grants in aid under the *Rural Water Supplies and Sewerage Acts, 1944 to 1965* were made to the following district authorities for sewer extensions. In all cases the sewers replaced unsatisfactory local methods of sewage disposal. The revised estimate of contributions made by the County Council in 1967/68 towards sewerage was £118,500.

<i>Horsham R.D.C.</i>	Dragons Green, Shipley Barns Green Dial Post
<i>Midhurst R.D.C.</i>	North Bepton and Cocking Causeway
<i>Chichester R.D.C.</i>	Woodgate area, Aldingbourne
<i>Petworth R.D.C.</i>	Fittleworth

Refuse Disposal

The bulk of the domestic and other refuse in the area is disposed of on tips. On most sites controlled tipping is carried out and in one instance a pulverisation plant is installed. Those tips which are subject to approval and control under the Town and Country Planning Acts are visited by the County Public Health Inspector to ensure that the conditions of approval are adhered to.

Caravans (*Gypsies*)

The County Council continued to have regard to the problems of gypsy families and other itinerants. Some assistance in rehabilitation was given in two cases and at the end of the year the possibility of an authority-run caravan site was being investigated.

Atmospheric Pollution

The long-term survey designed to measure air pollution throughout the country was continued and 111 visits were made by the staff to the two premises where recording apparatus is installed. Daily deposits of carbon and sulphur dioxide were measured at both stations and the results were sent to the Warren Spring Laboratory of the Ministry of Technology.

Housing

The table on page 67, compiled from information made available by the Ministry of Housing and Local Government, gives full details of the numbers of houses built and those demolished and closed in the various districts of the County.

New dwellings completed during 1967 numbered 5,382. Of these, 3,692 were erected by private owners, 1,223 (including 119 in Crawley New Town) by local authorities and 467 by housing associations or for government departments. In addition, 24 dwellings were built in Littlehampton Urban District and 59 in Worthing Rural District for the Greater London Council.

Out of the total of 3,692 houses built by private enterprise, 2,363 (63.9 per cent) were constructed in coastal districts and, of this number, 1,387 were built in the rural districts of Chichester and Worthing.

From April, 1945 to December, 1967, 81,202 houses have been built in West Sussex: 50,279 by private owners, 30,025 by local authorities (including 11,834 in Crawley New Town) and 898 by housing associations or for government departments.

HOUSING STATISTICS

Area	Estimated population mid-1967	Dwellings in tenders approved but not started	Dwellings started				Dwellings under construction at end of period				Dwellings completed				Houses in clearance areas and unfit houses elsewhere		
		Local authorities	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	In-cluded in orders confirmed	Clear-ance areas	Else-where
West Sussex	456.0	561	1,706	130	4,879	6,715	1,814	155	4,174	6,143	1,223	467	3,692	5,382	—	5	67
<i>Boroughs</i>																	
Arundel ...	2.7	—	—	—	6	6	—	—	—	—	16	—	6	22	—	—	1
Chichester ...	20.6	38	127	—	55	182	106	4	57	167	21	—	41	62	—	—	—
Worthing ...	81.2	—	68	26	881	975	70	33	676	779	157	15	494	666	—	—	—
<i>Urban Districts</i>																	
Bognor Regis	30.8	33	—	—	379	379	17	—	282	299	58	—	274	332	—	—	1
Crawley ...	62.2	—	503	59	291	853	442	57	213	712	157	212	339	708	—	—	2
Horsham ...	24.7	—	91	95	242	428	69	53	166	288	54	173	190	417	—	5	1
Littlehampton	18.0	—	72	—	105	177	120	—	126	246	15	—	91	106	—	—	3
Shoreham-by-Sea ...	18.3	31	71	—	80	151	73	—	310	383	91	—	85	176	—	—	2
Southwick ...	11.8	—	48	—	12	60	48	—	15	63	54	3	32	89	—	—	—
<i>Rural Districts</i>																	
Chancetonbury	25.6	59	70	2	199	271	56	3	260	319	128	4	188	320	—	—	3
Chichester ...	59.2	45	149	30	788	967	165	1	757	923	115	31	741	887	—	—	33
Horsham ...	27.3	—	56	—	578	634	140	1	280	421	34	9	417	460	—	—	7
Midhurst ...	18.9	—	71	—82*	109	98	128	—	140	268	65	—	104	169	—	—	9
Petworth ...	10.2	76	22	—	36	58	22	3	134	159	56	1	44	101	—	—	2
Worthing ...	44.5	—	94	—	1,118	1,212	94	—	758	852	83	19	646	748	—	—	3
<i>New Town</i>																	
Crawley ...	—	279	264	—	—	264	264	—	—	264	119	—	—	119	—	—	—

Note: (i) Dwellings completed for the Greater London Council (not included in the table) numbered 24 in Littlehampton U.D. and 59 in Worthing R.D.

(ii) The entry marked * corrects an error in the 1966 table.

PART IX—SCHOOL HEALTH SERVICE

Statistics

Child Population

The following table shows the variation in the child population since last year.

			1966	1967	Variation
Children under 1 year	...	...	6,250	6,430	+ 180
1 to 4 years	...	...	27,750	27,870	+ 120
Total under 5 years	...	...	34,000	34,300	+ 300
5 to 14 years	...	...	64,100	65,800	+1,700
Total under 15 years	...	...	98,100	100,100	+2,000

School Population

In January, 1968 there were 67,243 children on the rolls of maintained schools in the County, an increase of 3,136 on the figure for last year. The numbers of children in the various types of maintained schools in the County during the past two years are shown in the table which follows.

Type of school	Number of schools		Number on roll	
	1966	1967	1966	1967
Nursery	4	4	266	278
Primary	174	174	37,436	39,093
Secondary: Grammar	9	8	5,217	5,060
Comprehensive	5	11	7,164	11,695
Modern	24	20	13,505	10,577
Special	5	5	519	540
TOTALS	221	222	64,107	67,243

Medical Inspection

Periodic Inspections

The present arrangements provide for full medical inspections of children as soon as possible after they start school, in their last year at a primary school and in their last year of compulsory school life. Towards

the end of the year, the County Education Committee agreed to a proposal to modify this programme by the introduction of a system of selective examinations for the last age group.

All leavers will be interviewed by a medical officer who will select those for full or partial examination on the basis of previous history, results of routine tests, or information supplied by parents, health visitors or schools. In addition to the routine tests of vision and hearing, it is also proposed to carry out urine tests on this age group to detect any incipient disease which would not necessarily be apparent during a physical examination. A pilot scheme to test this modified procedure will be introduced in selected schools early next year.

The numbers of children examined and re-examined during the past two years are shown below.

Type of examination							1966	1967
Entrants	...	...	...	...	...	...	6,112	5,916
Other periodic examinations (Children aged 10-11 years or those who had not been previously examined in this age group)							6,930	6,846
Leavers	...	...	...	...	...	...	4,951	4,359
TOTALS							17,993	17,121
Special examinations							100	69
Re-examinations							10,405	11,276
TOTALS							28,498	28,466

Facilities for Medical Inspection

The following comment on the inadequate facilities for medical inspection in schools was made by Dr. R. E. Garwood.

“Many of the older schools have no medical rooms and, in almost every case, the head teacher and staff go to great trouble to give up and adapt their own rooms for this purpose. Even some new schools lack medical rooms and, in one recently-built school, the medical inspections were carried out in the library section of the main hall, to a lively and entertaining accompaniment of music, singing and film sound-track.

The importance of the contributions made by the health visitor and the school secretary to the smooth running of a series of school medical inspections cannot be over-emphasised.”

General Physical Condition

The general physical condition of children was good. Of the 17,121 examined at periodic medical inspections, 13 (0.08 per cent) were considered by school medical officers to be of unsatisfactory physical condition. In 1966, seven children (0.04 per cent) were placed in this category.

Foot Health

Commenting on the feet of teenage girls he examined during the year Dr. F. Cockcroft reported that,

“the feet of the girls of school-leaving age are considerably better than they were about five years ago. There has been a gradual improvement over the last few years and I see noticeably fewer cases of *hallux valgus* due, I am sure, to the wearing of better-fitting shoes today.”

The management of the problem of verrucae is constantly under review. The wearing of plimsolls for indoor physical education activities, which has been compulsory in secondary schools for some years, was extended to the junior departments of primary schools towards the end of the year.

Personal Hygiene

During the year, 37,962 individual hygiene examinations were carried out in schools and 53 children were found to have nits or vermin in their hair.

The following table shows the numbers of children found to have vermin in their heads in each of the last ten years.

<i>Year</i>	<i>Total number of individual examinations</i>	<i>Total number of individual children found to be infested</i>
1958	85,218	123
1959	50,683	104
1960	56,739	112
1961	53,936	104
1962	36,431	61
1963	51,795	92
1964	56,028	75
1965	58,908	146
1966	55,072	87
1967	37,962	53

Coordination with other Services

I am grateful for the help and cooperation received from family doctors, consultants, parents, teachers and all who may be concerned at any time with the management of the health problems of children either collectively or individually.

Medical Treatment

Statistics

Details of the numbers of children examined and of the numbers and types of defects found are shown in the tables on pages 79 and 80.

In the following table the numbers of children examined in the various age groups and the numbers found to require treatment during the year have been compared with the figures for 1966.

Age group	Number of children examined		Number found to require treatment		Percentage found to require treatment			
					West Sussex		England and Wales	
	1966	1967	1966	1967	1966	1967	1966	1967
Entrants ...	6,112	5,916	483	460	7.9	7.8	} 15.6	*
Other periodic inspections ...	6,930	6,846	495	540	7.1	7.9		
Leavers ...	4,951	4,359	358	313	7.2	7.2		
TOTALS ...	17,993	17,121	1,336	1,316	7.4	7.7		

*Not available.

Eye Clinics

Throughout the year, representations were made to the South West Metropolitan Regional Hospital Board about the need for more ophthalmology time at the school eye clinics in Crawley and in the eastern coastal area where the lists of children waiting to be seen continued to grow. In December, 1967 the Board stated that it was hoped to provide some additional time from clinical assistants to relieve the pressure both on hospital and school eye clinic facilities.

The number of children examined at school eye clinics during the year was 2,519; a decrease of 562 on the figure for 1966. The number of examinations was 3,071, compared with 3,771 in the previous year.

Of the 1,171 pairs of spectacles known to have been prescribed for children during the year, 994 pairs were prescribed at school eye clinics. This was 260 pairs fewer than in 1966.

Thirty-three school children and 53 children under school age were known to have received operative treatment for squint during the year.

Orthoptists treated 476 children; 83 fewer than in 1966.

Orthopaedic Clinics

At the end of September, 1967 the school orthopaedic clinic at Littlehampton was discontinued and the children from that area requiring treatment were dealt with by the orthopaedic departments of local hospitals. It is the intention of the South West Metropolitan Regional Hospital Board that, in time, all school orthopaedic clinics at present held in County Council premises will be integrated into appropriate hospitals.

The number of children attending the clinics held in Chichester, Crawley, Horsham, Lancing, Littlehampton and Worthing decreased from 732 (including 251 under school age) to 725 (including 261 under school age) in 1967.

Forty children (including ten under school age) received in-patient treatment and 187 children (including 41 under school age) were supplied with 213 orthopaedic appliances.

Physiotherapists treated 651 children (including 187 under school age); 97 fewer than in 1966.

Enuresis

The treatment of nocturnal enuresis by means of pad and bell alarms was continued during the year and reports were received on 47 boys and 17 girls. The reports showed that complete or partial improvement was achieved by 38 boys and 15 girls.

Convalescence

During the year, short-term convalescence was provided for 45 children in accordance with the provision of section 48 (3) of the *Education Act, 1944*. This was 23 more than in 1966.

Speech Therapy

With the appointment of two speech therapists in August, 1967 the authorised establishment of one senior and three speech therapists, all full-time, was complete for the first time since the middle of 1965. In November, 1967 the speech therapist in the Crawley area resigned but before the end of the year a successor had been appointed to take over early in 1968.

Miss M. G. A. McCombie, senior speech therapist, has supplied the following comments.

“This year saw a very welcome improvement in the staffing situation. By August, all the speech therapy posts were filled, with four therapists working full-time.

Mrs. J. M. Miles, who has given several years of good service to the County, resigned from the Crawley post in November but her place will be taken by Mrs. P. Thomas in February, 1968. Both Miss C. A. Foley and Miss J. E. Froggatt, in their first posts, have done excellent work in re-organizing areas which have been without therapists for a considerable time.

Although demand always seems to outpace supply, at least every area of the County now has a therapist — an obviously happier situation for those needing help, and also for the therapists themselves who gain much from working as a group.”

During the year, 441 children were treated and 751 were seen “for observation”. The corresponding figures for 1966 were 276 and 574 respectively. The table on page 73 gives particulars of the numbers of pupils treated and under observation, according to category of defect or disorder of speech, in the various treatment areas. The numbers in brackets refer to the children under observation and are included in the total figures.

SPEECH THERAPY

Area	Defect or disorder of speech								New cases	Number discharged during the year	Waiting list at 31.12.67
	Articulation	Language	Fluency	Voice	Associated with cerebral palsy	Associated with cleft palate	Total number of children	Total attendances			
Crawley	134 (60)	39 (14)	40 (28)	2 (1)	2 (—)	14 (6)	231(109)	1,350 (99)	70	65	41
Bognor Regis	67 (43)	2 (2)	4 (3)	1 (1)	— (—)	— (—)	74 (49)	166 (30)	60	10	10
Chichester	216 (168)	10 (8)	34 (28)	1 (—)	10 (4)	6 (5)	277(213)	1,039 (432)	76	52	20
Horsham	82 (51)	9 (—)	8 (7)	— (—)	1 (1)	1 (—)	101 (60)	319 (63)	70	16	39
Lancing	37 (26)	7 (2)	5 (3)	— (—)	— (—)	2 (—)	51 (31)	107 (6)	22	5	7
Midhurst	58 (30)	10 (8)	12 (8)	2 (1)	2 (1)	2 (2)	86 (50)	427 (206)	37	9	5
Littlehampton	52 (38)	1 (—)	7 (7)	— (—)	— (—)	1 (—)	61 (45)	131 (23)	39	7	4
Shoreham-by-Sea	77 (51)	3 (1)	10 (7)	— (—)	1 (—)	3 (2)	94 (61)	261 (61)	30	11	9
Petworth	85 (61)	1 (1)	8 (6)	2 (2)	2 (1)	3 (2)	101 (73)	335 (183)	30	33	5
Worthing	94 (45)	7 (5)	11 (10)	— (—)	1 (—)	3 (—)	116 (60)	408 (84)	99	10	5
TOTALS	902 (573)	89 (41)	139 (107)	8 (5)	19 (7)	35 (18)	1,192 (751)	4,543(1,187)	533	218	145

Note: The unbracketed figures indicate the numbers of children treated; bracketed figures show the numbers under observation and are included in the totals.

Handicapped Pupils

Ascertainment

During the year, school medical officers carried out 308 examinations of children known or thought to have some physical or mental impairment. A summary of the information sent to the Department of Education and Science showing the number of handicapped children ascertained as needing admission to special schools or boarding homes during 1967, the numbers admitted and awaiting admission and those on the registers of special schools and boarding homes is given on page 75.

Child Guidance

The work of the four clinics continued along the lines described in previous editions of the Report. A statistical summary of their activities is given below.

1. REFERRAL						1966	1967
Number of children referred by:							
(a) School Medical Officers	...	...	...	...		79	79
(b) Courts and Probation Officers	...	...	...	...		124	22
(c) Parents and others	...	...	...	...		150	245
(d) Boarding schools and hostels	...	...	...	...		77	1
(e) General practitioners	...	...	...	...		193	235
(f) Children's Department	...	...	...	...		27	31
(g) Educational psychologists	...	...	...	...		49	59
(h) Other Child Guidance Clinics	...	...	...	...		3	11
Brought forward from previous year	...	...	...	...		39	64
(awaiting investigation on 1st January)							
TOTALS	...	...	...	...	...	741	747
2. INVESTIGATION							
Number of children investigated during the year and found to be:							
(a) In need of child guidance help	...	...	...	...		399	488
(b) Educationally sub-normal	...	...	...	...		14	6
(c) Unsuitable for education at school	...	...	...	...		—	2
(d) Not in need of child guidance help	...	...	...	...		171	80
(e) Withdrawn before investigation	...	...	...	...		76	87
(f) Awaiting investigation on 31st December...	...	...	...	...		81	84
TOTALS	...	...	...	...	...	741	747
3. TREATMENT							
Number of children:							
(a) Receiving help on 1st January	...	...	...	...		371	304
(b) Helped during the year	...	...	...	...		656	715
(c) Receiving help at 31st December	...	...	...	...		304	510
4. RECOMMENDATIONS							
Number of children recommended during the year for:							
(a) Special schools	...	...	...	...	...	22	21
(b) Hostels	...	...	...	...	...	2	13
TOTALS	...	...	...	...	...	24	34
5. CLINIC ATTENDANCES AND HOME VISITS							
(a) Number of attendances at clinics during the year						6,258	6,952
(b) Number of homes visited during the year					...	151	358

HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTALS (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
IN THE CALENDAR YEAR: Handicapped pupils	—	—	—	8	15	19	24	77	2	1	146
A. Newly assessed as needing special educational treatment at special schools or in boarding homes	—	—	—	5	8	14	14	49	—	—	90
B. (i) Included at A above and newly placed in special schools or boarding homes ...	—	—	1	—	7	—	9	32	—	1	50
(ii) Assessed prior to January, 1967 and newly placed in special schools or boarding homes	—	—	1	5	15	14	23	81	—	1	140
TOTAL (B (i) and B (ii)) ...	—	—	—	—	—	—	—	—	—	—	—
AS AT 18TH JANUARY, 1968:	—	—	—	1	2	—	—	30	—	—	33
C. Number requiring places in (a) day ...	—	—	—	3	4	6	12	10	—	—	35
special schools ... (b) boarding ...	—	—	—	—	—	—	—	—	—	—	—
D. (i) Number on the registers of:	—	—	—	—	—	—	—	346	—	—	346
(1) Maintained special (a) day pupils ...	—	1	1	2	5	3	37	82	—	—	131
schools as ... (b) boarding pupils ...	—	—	—	—	—	—	—	—	—	—	—
(2) Non-maintained (a) day pupils ...	4	7	7	3	15	22	6	6	—	2	72
special schools as ... (b) boarding pupils	4	8	8	5	20	25	43	434	—	2	549
TOTAL ...	—	—	—	—	—	—	—	—	—	—	—
(ii) Independent schools under arrangements made by the authority ...	—	—	8	9	6	—	16	2	1	—	42
TOTAL (D (i) and D (ii)) ...	4	8	16	14	26	25	59	436	1	2	591
(iii) Boarded in homes and not included in (i) or (ii)	—	—	—	—	—	4	18	—	—	—	22
TOTAL (D (i), (ii) and (iii)) ...	4	8	16	14	26	29	77	436	1	2	613
E. Number being educated under arrangements made in accordance with Section 56 of the <i>Education Act, 1944</i>	—	—	—	—	9	1	—	—	2	—	12
(i) in hospitals ...	—	—	—	—	4	—	—	—	—	—	4
(ii) in other groups ...	1	—	—	—	5	1	1	—	—	—	8
(iii) at home ...	—	—	—	—	—	—	—	—	—	—	—

Children found to be Unsuitable for Education at School

Thirty-seven children were reported to the local health authority under Section 57 (4) of the *Education Act, 1944* as being unsuitable for education at school. One child previously reported as being unsuitable for education at school was reviewed under the provisions of section 57A and the original decision was cancelled.

Report of the Principal School Dental Officer

Staff

During the year under review, one part-time and two whole-time dental officers were appointed; this raised the equivalent whole-time establishment to 10.2. Unfortunately three whole-time dental officers resigned towards the end of the year so that early in 1968 there will be fewer in post than in either 1967 or 1966.

This is due in no small measure to the minimal salary award to dental officers which has been negotiated after nearly three years' delay. It would seem that the only hope of attracting the right type of dental officer will be by redesignating the majority of the existing posts.

Inspection and Treatment

Statistics for the year will be found on page 83. They show an increase commensurate with the increased number of sessions worked during the year; 3,198 instead of 2,661 in 1966.

Children receiving routine inspections at school numbered 44,932 and a further 6,555 received a second inspection later in the year. There were 380 sessions devoted to inspections and the inspection rate was therefore 135 pupils a session.

Of the 44,932 children inspected, 17,242 (38 per cent) required treatment and 15,428 (90 per cent) were offered treatment. Courses of treatment completed numbered 7,313 and the acceptance rate was 41 per cent.

Dental Health

A dental hygienist was appointed in January, 1967 after the post had been vacant for nearly five months. During the year, she visited 95 schools and either talked or gave film shows to over 16,000 children. It is to be hoped that her efforts and those of all the other staff will help, albeit in a small way, to combat the harmful commercial advertising, particularly on television, which aims at persuading people that they need to eat between meals in order to keep going. Sweet and biscuit manufacturers would be put to little extra expense if all their advertising added the words "don't forget to clean your teeth."

Mobile Dental Units

These units have been of great benefit to children attending rural schools since they were first introduced into the County in 1960. Four were in use at the end of 1967 and plans were made to acquire a fifth. Two of the existing units are to the Conron design, which I first introduced in 1963 at a saving of some £1,300 on the cost of the previous unit supplied. At the end of the year, nine Conron units had been built for different authorities, including the Inner London Education Authority.

Acknowledgements

I wish again to record my thanks to members of the Council and to my colleagues in the Health, Education and other Departments for their help and encouragement.



Principal School Dental Officer

Other Services

School Meals and Milk

The following information, obtained from the Director of Education, shows the numbers of children in maintained schools in the County who had school dinners and milk on a day in October, 1967 and is compared with similar information for 1966.

<i>Meals</i>	1966	1967
Number of children present on day selected ...	59,090	61,285
Number of school dinners served	44,721	46,706
Percentage taking dinners	75.7	76.2
<i>Milk</i>		
Number of children present on day selected ...	59,497	61,852
Number of children who received one-third pint of milk	43,561	44,244
Percentage of milk drinkers	73.2	71.5

A close liaison exists between the county public health inspectors and the staff of the school meals service, and several food hygiene problems relating to particular school canteens were resolved. Arrangements were made whereby the county public health inspectors undertook regular inspections of meat consigned to school kitchens. This acted as a check on

standards of hygiene and also gave some assurance to cooks where doubt existed as to the cut or quality of the items supplied. Three specific complaints were dealt with in this way, two relating to unsatisfactory quality of meat and the other to unsatisfactory packaging.

School Hygiene and Sanitation

Following their visits to schools, medical officers and public health inspectors commented on deficiencies in lavatory accommodation, washing facilities, lighting and on any other matters affecting the well-being of pupils and school staff. These deficiencies were referred to the Director of Education with a view to inclusion in the continuing programme of minor improvements in schools.

School Swimming Pools

The number of swimming pools in County schools increased by five, bringing the total to 69. Of these, 58 were "learner" pools, 54 served junior schools and four belonged to special schools.

All pools had filtration and chlorination plant and, where this was unsatisfactory, improvements were carried out under the direction of the county public health inspector. Three of the new pools were fitted with filtration and chlorination equipment developed by the county public health inspector in conjunction with the Worthing Adult Training Centre and 15 existing pools were converted to this system.

The public health inspectors visited schools during the swimming season and gave advice on the operation of equipment and the general hygiene of the pools. Checks were made on pool water to estimate residual chlorine and *pH* levels.

Road Accidents to Children

Examination of the analyses produced on the Council's computer shows that 2,957 persons were involved in road accidents in the County during the year. Of these, 367 (12.4 per cent) were children under 15 years of age. The corresponding figures for 1966 were 3,191 and 354 (11.1 per cent).

Health Education

Progress continued to be made with the integration of health education as a part of general courses in schools. This approach should be an improvement on the more traditional method of teaching aspects of health education as isolated topics.

The anti-smoking campaign was continued. Children now at some secondary schools have been introduced to this subject at the primary stage of their education and it was interesting to observe that numbers of them still remembered and were willing to discuss points made in the film *The Smoking Machine* which over the years has been shown in most junior schools. It is as yet too early to judge whether this will have any ultimate effect on their smoking habits.

RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1967

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Periodic Medical Inspections

Age groups inspected (by year of birth)	No. of pupils who have received a full medical examination	Physical condition of pupils inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 and later ...	225	225	—	—	2	3	5
1962 ...	2,677	2,677	6	—	56	140	190
1961 ...	3,008	3,004	4	—	95	181	265
1960 ...	521	520	1	—	21	34	53
1959 ...	240	239	1	—	14	7	20
1958 ...	191	191	—	—	8	6	14
1957 ...	1,219	1,219	—	—	37	57	92
1956 ...	3,301	3,300	1	—	119	133	248
1955 ...	903	903	—	—	37	35	70
1954 ...	471	471	—	—	20	24	43
1953 ...	1,451	1,451	—	—	68	49	113
1952 and earlier	2,908	2,908	—	—	125	79	203
TOTALS	17,121	17,108	13	—	602	748	1,316

Col. (3) total as a
percentage of Col. (2)

total 99.92

Col. (4) total as a
percentage of Col. (2)

total 0.08

Other Inspections

						1966	1967
Number of Special Inspections	...	...	...	...	...	100	69
Number of Re-inspections	...	...	...	...	...	10,405	11,207
TOTALS	...	...	...	...	...	10,505	11,276

Defects found by Periodic and Special Medical Inspections during the Year

Defect Code No. (1)	Defect or disease (2)						Periodic inspections				Special inspec- tions (7)
							Entrants (3)	Leavers (4)	Others (5)	TOTAL (6)	
4.	Skin	...	...	...	...	T	24	65	57	146	2
						O	185	95	189	469	—
5.	Eyes: (a) Vision	...	...	...	...	T	170	185	247	602	10
						O	835	492	542	1,869	2
	(b) Squint	...	...	...	...	T	45	3	15	63	—
						O	132	18	67	217	—
	(c) Other	...	...	...	...	T	3	1	8	12	—
						O	29	7	26	62	—
6.	Ears: (a) Hearing	...	...	...	...	T	85	10	15	110	3
						O	334	17	108	459	—
	(b) Otitis Media	...	...	...	...	T	12	—	4	16	—
						O	81	6	22	109	—
	(c) Other	...	...	...	...	T	2	1	4	7	3
						O	52	7	25	84	—
7.	Nose and Throat	...	...	...	...	T	41	5	25	71	—
						O	696	35	159	890	—
8.	Speech	...	...	...	...	T	28	2	9	39	—
						O	274	7	39	320	—
9.	Lymphatic Glands	...	...	...	...	T	1	—	1	2	—
						O	287	11	44	342	—
10.	Heart	...	...	...	...	T	10	1	4	15	—
						O	92	22	57	171	—
11.	Lungs	...	...	...	...	T	7	2	10	19	—
						O	221	24	100	345	—
12.	Developmental: (a) Hernia	...	...	...	...	T	8	—	3	11	—
						O	23	3	8	34	—
	(b) Other	...	...	...	...	T	10	1	21	32	—
						O	159	15	111	285	—
13.	Orthopaedic: (a) Posture	...	...	...	...	T	10	12	27	49	1
						O	49	22	69	140	—
	(b) Feet	...	...	...	...	T	32	6	35	73	2
						O	159	23	101	283	1
	(c) Other	...	...	...	...	T	14	15	17	46	1
						O	323	72	167	562	1
14.	Nervous System: (a) Epilepsy	...	...	...	...	T	—	—	1	1	—
						O	17	11	16	44	—
	(b) Other...	...	...	...	...	T	3	2	4	9	—
						O	47	18	38	103	—
15.	Psychological: (a) Develop- ment	...	...	...	...	T	6	—	2	8	—
						O	160	14	100	274	—
	(b) Stability	...	...	...	...	T	4	—	5	9	—
						O	218	22	133	373	—
16.	Abdomen	...	...	...	...	T	5	2	2	9	—
						O	67	17	57	141	—
17.	Other	...	...	...	...	T	17	7	11	35	—
						O	80	82	175	337	—

T indicates number of pupils requiring treatment.

O indicates number of pupils requiring observation.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>	
	1966	1967
External and other, excluding errors of refraction and squint	47	27
Errors of refraction (including squint)	3,369	2,886
TOTALS	3,416	2,913
Number of pupils for whom spectacles were prescribed	1,428	1,171

Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>	
	1966	1967
Received operative treatment:—		
(a) For diseases of the ear	—	—
(b) For adenoids and chronic tonsillitis	44	57
(c) For other nose and throat conditions	—	—
Received other forms of treatment	56	50
TOTALS	100	107
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In year	20	12
(b) In previous years... ..	110	122

Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>	
	1966	1967
(a) Pupils treated at clinics or out-patients' departments	642	509
(b) Pupils treated at school for postural defects	—	—
TOTALS	642	509

Diseases of the Skin

							<i>Number of cases known to have been treated</i>	
							1966	1967
Ringworm:	(a)	Scalp	...	...	...	...	—	2
	(b)	Body	...	...	...	...	4	3
Scabies	...	...	...	...	...	...	5	3
Impetigo	...	...	...	...	...	...	14	16
Other skin diseases	...	...	...	...	...	...	106	159
TOTALS			...	...	...	...	129	183

Child Guidance Treatment

					<i>Number of cases known to have been treated</i>	
					1966	1967
Pupils treated at Child Guidance Clinics	...	...	...	...	656	715

Speech Therapy

					<i>Number of cases known to have been treated</i>	
					1966	1967
Pupils treated by speech therapist	...	...	...	...	276	441

Other Treatment Given

							<i>Number of cases known to have been dealt with</i>	
							1966	1967
(a)	Pupils with minor ailments	...	...	...	...	...	422	378
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	22	45
(c)	Pupils who received B.C.G. vaccination	...	...	...	...	...	4,731	5,033
(d)	Other than (a), (b) and (c) above:	...	...	...	...	...
	Orthoptic	...	...	...	...	...	559	439
	Enuresis (pad and bell alarms)	...	...	...	...	...	99	82
TOTAL (a)–(d)			...	...	...	...	5,833	5,977

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1968 ... 67,243

ATTENDANCES AND TREATMENT

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	TOTALS
First visit	5,260	3,281	364	8,905
Subsequent visits	8,593	6,617	995	16,205
Total visits	13,853	9,898	1,359	25,110
Additional courses of treatment commenced	1,079	710	129	1,918
Fillings in permanent teeth	4,278	7,631	1,160	13,069
Fillings in deciduous teeth	5,973	531	—	6,504
Permanent teeth filled	3,550	6,507	1,005	11,062
Deciduous teeth filled	5,517	496	—	6,013
Permanent teeth extracted	177	642	122	941
Deciduous teeth extracted	2,298	564	—	2,862
General anaesthetics	1,083	336	36	1,455
Emergencies	540	269	51	860
Number of pupils x-rayed ... ..	...	...	...	401
Prophylaxis ... ..	...	...	...	630
Teeth otherwise conserved ... ..	...	...	...	3,153
Number of teeth root filled ... ..	...	...	...	14
Inlays ... ..	...	...	...	1
Crowns ... ..	...	...	...	15
Courses of treatment completed ... ..	...	...	...	7,313

ORTHODONTICS

Cases remaining from previous year ... ..	...	...	...	126
New cases commenced during year ... ..	...	...	...	83
Cases completed during year ... ..	...	...	...	98
Cases discontinued during year ... ..	...	...	...	15
No. of removable appliances fitted ... ..	...	...	...	206
No. of fixed appliances fitted ... ..	...	...	...	—
Pupils referred to hospital consultant ... ..	...	...	...	—

PROSTHETICS

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	TOTALS
Pupils supplied with F.U. or F.L. (first time)	—	1	—	1
Pupils supplied with other dentures (first time)	2	19	8	29
Number of dentures supplied	3	36	12	51

ANAESTHETICS General anaesthetics administered by dental officers ... 825

INSPECTIONS

(a) First inspection at school — number of pupils	...	...	...	44,932
(b) First inspection at clinic — number of pupils ...	...	...	...	9,765
Number of (a) + (b) found to require treatment	...	...	...	17,242
Number of (a) + (b) offered treatment ...	...	...	...	15,428
(c) Pupils re-inspected at school clinic ... ..	...	...	...	6,555
Number of (c) found to require treatment ...	...	...	...	2,528

SESSIONS

Sessions devoted to treatment ... ..	...	...	...	3,198
Sessions devoted to inspection ... ..	...	...	...	380
Sessions devoted to dental health education	...	...	...	212

Appendix A

COUNTY HEALTH COMMITTEE

(at 31st December, 1967)

County Council Members

Sub-Committees

MRS. B. G. ARMSTRONG	n
MRS. E. S. M. BAXENDALE	e, Cn
COL. W. H. BLAGDEN, C.B.E.	a, m
MR. T. BOOTHMAN	a, e
MR. H. BRINTON	a, m
MRS. H. C. CARMAN, J.P.	a, m
MR. A. H. CLARKE	a
DR. IVAN CLOUT	e, m, n
MRS. M. COBBY	e, m, n
MR. R. C. DUTTON-FORSHAW	a
*MR. E. J. F. GREEN, J.P. (<i>Chairman, Finance and General Purposes Committee</i>)	
MAJ. R. W. HOW, T.D.	a
MR. J. L. JEFFREE	a
MR. C. C. LANSDALL	a
†MAJOR-GENERAL H. M. LIARDET, C.B., C.B.E., D.S.O., D.L. (<i>Chairman</i>)	a, Ce, Cm, n
*MR. PETER MURSELL, M.B.E., D.L. (<i>Past Chairman of the County Council</i>)	
MRS. P. B. P. NAUNTON, J.P.	m
†MR. W. G. S. POPE	Ca, e, m, n
MRS. N. B. M. SHARP	m
MR. T. H. SIGGS	n
MR. J. M. SMITH	m
*BRIG. L. L. THWAYTES, D.L. (<i>Chairman of the County Council</i>)	
MR. G. E. WALLER	a
*MR. J. E. WHITTOME, O.B.E. (<i>Vice-Chairman of the County Council</i>)	

Other Members

MISS V. R. M. CHAPMAN	representing the West Sussex Branch of the Royal College of Nursing	n
MISS E. J. CLUNES	representing the West Sussex Branch of the Royal College of Midwives	n
DR. W. S. COLTART	representing the West Sussex Branch of the British Medical Association	n
DR. T. H. HARRISON	representing the Local Medical Committee for West Sussex	n
MRS. R. I. KINSELLA	representing the British Red Cross Society	m, n
MRS. N. M. LEPHARD	representing Worthing Borough Council	a
MRS. W. M. DREDGE	representing Worthing Borough Council	m
MRS. M. GALE MOORE		a, m
DR. H. ROSENBERG, O.ST.J.	representing the Executive Council for the County of West Sussex	n
H.R.H. PRINCE TOMISLAV OF YUGOSLAVIA	representing the Sussex Branch of the St. John Ambulance Brigade	a
MRS. C. TURQUET	representing the South West Metropolitan Regional Hospital Board	m
MRS. J. L. VANRENEN	representing the Women's Royal Voluntary Service	n

* Ex-officio member of the Committee and of the Sub-Committees.

† Ex-officio member of the Sub-Committees.

C Chairman of Sub-Committee.

a Ambulance and Public Health Sub-Committee.

e Executive Sub-Committee.

m Mental Health Sub-Committee.

n Nursing Sub-Committee.

COUNTY EDUCATION COMMITTEE

(at 31st December, 1967)

County Council Members

Sub-Committee

MRS. E. ATKINSON		S
DR. H. M. AYRES, C.ST.J.		S
MR. D. S. W. BLACKER		
† MAJOR S. R. BROOKS	<i>Vice-Chairman</i>	
LADY BRUNDRETT		
MR. K. G. DUNN		S
MR. L. A. FOSTER		
MR. J. P. GEE, J.P.		
* MR. E. J. F. GREEN, J.P. (<i>Chairman of the Finance and General Purposes Committee</i>)		
† MR. R. MARTIN	<i>Chairman</i>	
MRS. M. KEOGH MURPHY		Cs
MR. R. MAY		
MR. R. MILES		
LT.CDR. M. G. MORRIS, D.S.C., R.D., R.N.R.		S
* MR. PETER MURSELL, M.B.E., D.L. (<i>Past Chairman of the County Council</i>)		
SIR CLINTON PELHAM, K.B.E., C.M.G.		
MR. A. G. W. PENNEY, J.P.		
MRS. D. M. PENNICOTT		S
MR. W. G. S. POPE		
MRS. D. E. RUDD		
MRS. N. B. M. SHARP		
LT.-COL. E. S. SHAXSON, M.C., D.L.		
MR. A. A. SHEPPARD		S
* BRIG. L. L. THWAYTES, D.L. (<i>Chairman of the County Council</i>)		
MR. E. L. WALTER		
MR. J. A. WHITE		
* MR. J. E. WHITTOME, O.B.E. (<i>Vice-Chairman of the County Council</i>)		
MR. C. E. C. WOOLLEY		

Other Members

MR. E. J. W. CUER	representing Worthing Committee for	
MR. R. EDWARDS	Education	S
MRS. H. M. PERYER		
THE REV. CANON M. C. LANGTON	representing Religious Denominations	
THE REV. R. H. SMITH		S
THE VERY REV. CANON E. WAKE		
MR. T. A. EVANS	representing teachers employed in	
MR. P. H. KEYTE	schools maintained by the Local	S
MR. S. NORRIS	Education Authority	
MAJOR-GEN. C. LLOYD, C.B., C.B.E., T.D.		
MISS W. A. WAITE		
MRS. P. M. FOSTER	representing the Children's Committee	S

* Ex-officio member of the Committee and of the Sub-Committee.

† Ex-officio member of the Sub-Committee.

C Chairman of Sub-Committee.

S Special Services Sub-Committee.

Appendix B

STAFF

(at 31st December, 1967)

*County Medical Officer of Health and
Principal School Medical Officer:*

T. McL. GALLOWAY, M.D., F.R.C.P., D.P.H., DR.P.H.

*Deputy County Medical Officer of Health and
Deputy Principal School Medical Officer:*

D. WILD, M.B., CH.B., D.OBST., R.C.O.G., D.P.H., D.M.A.

Principal Medical Officer:

D. G. H. PATEY, M.A., B.M., B.CH., D.P.H.

Principal Administrative Officer:

J. SAUNDERS, F.C.C.S.

Medical Officers of the Department and School Medical Officers:

*J. C. AITKEN, M.B., CH.B., D.P.H.

*ROSETTA C. BARKER, M.B., B.CH., B.A.O., D.P.H.

*D. WARREN BROWNE, M.R.C.S., L.R.C.P., D.T.M. AND H., D.P.H.

K. S. CLIFF, M.B., B.S.

*F. COCKCROFT, M.A., M.R.C.S., L.R.C.P., D.P.H.

R. E. GARWOOD, M.B., B.S.

*V. P. GEOGHEGAN, M.D., D.P.H.

*J. A. G. GRAHAM, M.B., CH.B., D.P.H.

CHRISTINA A. GUNN, M.B., CH.B., D.P.H.

ESTHER S. KERR, M.A., M.B., B.CH., D.OBST., R.C.O.G.

A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.

*K. N. MAWSON, M.B., CH.B., D.P.H.

MARJORIE B. MORTON, M.R.C.P., D.T.M., D.OBST., R.C.O.G.

MERLE NEWTON, M.R.C.S., L.R.C.P., D.C.H.

*NANSI G. REES, B.Sc., M.B., B.CH., D.C.H.

*BARBARA M. TOWERS, J.P., M.B., CH.B., M.R.C.S., L.R.C.P.

*SHEILA WIGHTMAN, M.B., CH.B., D.OBST., R.C.O.G.

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P. S. R. CONRON, L.D.S.

Area Dental Officers:

D. E. GIBBONS, B.D.S.

J. M. BAIN, L.D.S.

Dental Surgeons:

A. P. BROOKE, L.D.S.

G. C. KENT, L.D.S.

W. P. HOLDSWORTH, L.D.S.

*MRS. M. C. PERKINS, L.D.S.

J. A. W. PURNELL, L.D.S.

L. E. A. REEVE, L.D.S.

L. D. SMITH, L.D.S.

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*J. E. WALLACE, M.D., CH.B.

*A. SAKULA, M.D., B.S., M.R.C.P.

*E. W. THOMPSON EVANS, M.D., CH.B., D.P.H.

*FLORENCE R. PILLMAN, M.B., B.S., M.R.C.P.

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*J. N. MICKERSON, M.D., M.R.C.P.

Consultant Ophthalmologists:

*N. CRIDLAND, D.M., D.O. (OXON)

*H. B. JACOBS, F.R.C.S., D.O.M.S.

*A. LYTTON, F.R.C.S., D.O.

*S. D. WALLIS, M.R.C.S., L.R.C.P., D.O.M.S.

Ophthalmologists:

*P. W. ARUNDELL, M.R.C.S., L.R.C.P., D.O.M.S.

*V. BELL, M.B., B.S., D.O.

*W. B. HEYWOOD-WADDINGTON, M.B., B.S.

* Part-time

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*J. A. CHOLMELEY, F.R.C.S.

*J. D. WILSON, F.R.C.S.

Consultant Psychiatrists:

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*G. H. DAW, M.R.C.S., L.R.C.P., D.P.M.

*MAY MUNRO, M.A., M.D., D.P.M.

*H. M. N. REES, B.Sc., M.B., B.Ch., M.R.C.P., D.P.M.

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A. P. L. WALLIS, F.A.P.H.I., M.I.P.H.E.

Assistant County Public Health Inspector:

G. R. CROWTHER, M.R.S.H., M.A.P.H.I.

County Ambulance Officer:

V. A. GLOVER, F.I.A.O.

Superintendent Nursing Officer:

MISS D. M. SMITH, S.R.N., S.C.M., H.V.CERT.

Deputy Superintendent Nursing Officer:

VACANT

Area Nursing Officers:

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MISS M. NASH, S.R.N., S.C.M., H.V.CERT.

MISS A. M. RYDER, S.R.N., S.C.M., M.T.D., H.V.CERT.

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MISS B. M. JACOB, S.R.N., S.C.M., H.V.CERT.

Assistant Health Education Organisers:

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MISS B. A. WRAIGHT, S.R.N., S.C.M., DIP.H.ED.

Senior County Almoner:

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County Almoners:

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MISS M. B. FLEMONS, A.I.M.S.W.

MISS M. F. WESTON, A.I.M.S.W.

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Senior Chiropodists:

F. A. BAKER, M.Ch.S., S.R.Ch.

MRS. M. A. DONKIN, M.Ch.S., S.R.Ch.

M. W. DONKIN, M.Ch.S., S.R.Ch.

MRS. E. DROMGOOLE, M.Ch.S., S.R.Ch.

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Area Home Help Organisers:

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MRS. M. BROWN-CONSTABLE

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*MRS. B. ANDREWS, M.C.S.P.

*MRS. C. M. CORNFORD, M.C.S.P.

*MISS L. C. BARKHAM, M.C.S.P.

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*MISS H. WISE, D.B.O.

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MISS M. G. A. MCCOMBIE, L.C.S.T.

Speech Therapists:

*MRS. D. E. CROUCH, L.C.S.T.

MISS C. A. FOLEY, L.C.S.T.

MISS J. E. FROGGATT, L.C.S.T.

*MRS. J. M. GIBSON, L.C.S.T.

* Part-time

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*MRS. E. T. ROSSELLI, M.A.

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*MRS. D. P. HAIG, DIP. SOC. SCIENCE

*MRS. R. D. S. INFELD, B.Sc.

*MRS. R. RYLE, DIP. SOC. SCIENCE

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L. O'RIORDAN, S.R.N., R.M.N., M.S.M.W.O.

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N. P. GREALY, C.S.W.

D. H. HARNOTT, R.M.N.

D. MITCHELL, R.M.N.

Durrington Hostel:

Warden: W. H. SHALES, R.M.N.

Matron: MRS. M. L. SHALES, S.E.N.

Rustington Hostel:

Superintendent:

V. K. WILLIAMS, R.N.M.S.

Matron:

MRS. T. M. WILLIAMS, S.R.N., R.N.M.S.

Day Training Centres:

Head Teachers:

FORDWATER:

MRS. M. I. GREEN, DIP. N.A.M.H.

CRAWLEY:

MRS. J. ROPER, DIP. N.A.M.H.

DURRINGTON:

MRS. M. A. CLARKE, DIP. N.A.M.H.

WORTHING:

W. E. STEVENS

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GENERAL SERVICES DIVISION:

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R. G. BARRY, D.M.A.

NURSING SERVICES DIVISION:

J. E. FIELD

SCHOOL HEALTH SERVICES DIVISION:

A. W. GASKELL

* Part-time

Medical Officers of Health of District Councils:

ROSETTA C. BARKER, M.B., B.Ch., B.A.O.,
D.P.H.

D. WARREN BROWNE, M.R.C.S., L.R.C.P.,
D.T.M. AND H., D.P.H.

F. COCKCROFT, M.A., M.R.C.S., L.R.C.P.,
D.P.H.

V. P. GEOGHEGAN, M.D., D.P.H.

J. A. G. GRAHAM, M.B., Ch.B., D.P.H.

K. N. MAWSON, M.B., Ch.B., D.P.H.

Chancetonbury Rural District
Shoreham-by-Sea Urban District
Southwick Urban District
Bognor Regis Urban District
City of Chichester
Littlehampton Urban District
Worthing Rural District
Arundel Municipal Borough
Chichester Rural District
Midhurst Rural District
Worthing Municipal Borough
Crawley Urban District
(temporary arrangement)
Horsham Urban District
Horsham Rural District
Petworth Rural District

STAFF: Categories and Numbers Employed

Category of staff (1)	Estab- lishment 30.9.67 (2)	In post on 30th September				
		Whole- time (3)	Part- time (4)	Whole-time equivalent of Col. (4) (5)	Total whole-time equivalent	
					1966 (6)	1967 (7)
Administrative and clerical:						
Central Office	55.5	45	12	9.5	51.5	54.5
Clinics	8.7	6	5	2.7	8.7	8.7
Ambulance operational staff ...	90.0	90	—	—	86.0	90.0
Chiropodists	9.2	8	1	0.1	7.1	8.1
Dentists	11.0	10	1	0.2	9.0	10.2
Dental hygienists	1.0	1	—	—	—	1.0
Dental surgery assistants ...	12.0	12	—	—	12.0	12.0
Doctors	15.4	10	29	5.4	14.5	15.4
Health education organiser and assistants	4.0	4	—	—	4.0	4.0
Home help organisers	9.5	7	5	2.5	9.5	9.5
Home helps	210.0	1	495	198.0	180.0	199.0
Manual and domestic, including cleaners at clinics	7.5	3	17	4.5	7.5	7.5
Mental health:						
Hostels, including domestic staff	22.5	14	13	7.3	19.8	21.3
Social workers, including trainees	12.3	11	1	0.3	11.0	12.3
Training centres, including staff on courses of training:						
Teachers and instructors ...	36.0	34	1	0.5	31.0	34.5
Other staff	14.5	2	19	10.0	12.8	12.0
Nursing and auxiliary:						
Administrative and super- visory nursing staff ...	5.0	4	—	—	5.0	4.0
Clinic assistants	15.0	12	4	2.0	15.5	14.0
Combined nursing appoint- ments (all services; includ- ing relief staff)	36.0	31	6	3.0	34.4	34.0
Domiciliary midwives ...	22.0	21	2	1.0	23.0	22.0
Health visitors/school nurses	62.0	57	—	—	56.0	57.0
Home nurses	70.0	65	3	1.5	65.0	66.5
Nurse/midwives	20.0	18	—	—	22.0	18.0
Nursing auxiliaries	23.0	22	—	—	16.0	22.0
Occupational therapists ...	1.0	1	—	—	1.0	1.0
Other social workers:						
With relevant university or equivalent professional training	4.0	4	—	—	4.0	4.0
Physiotherapists	0.5	—	4	0.5	0.5	0.5
Public health inspectors and sampling officer	3.0	3	—	—	3.0	3.0
Speech therapists	4.3	4	2	0.3	2.1	4.3
Social workers and therapists in child guidance clinics ...	8.0	2	12	5.3	5.3	7.3
TOTALS	792.9	502	632	254.6	717.1	756.6

Appendix C

CERVICAL CYTOLOGY

A Computer-Assisted Population Screening Programme

by J. SAUNDERS, F.C.C.S.

Principal Administrative Officer, West Sussex County Health Department,

and

A. H. SNAITH, M.D., M.C.Path., D.P.H.

Deputy County Medical Officer of Health, Cheshire (formerly Principal Medical Officer, West Sussex).

In this preliminary communication the use of a computer in a cervical cytology programme is discussed and the system shortly to be introduced in West Sussex is described.

LOCAL AUTHORITIES AND COMPUTERS

Since 1962, the Health Department of the West Sussex County Council, with full co-operation and assistance from the County Treasurer's Department and the Organization and Methods Unit, has been undertaking original work on the application of electronic data processing, both for statistical work within the Department and, of more general importance, for field work in the community. The latter includes a scheme for vaccination and immunisation (Galloway 1963) which, according to a survey undertaken in 1966 by the Local and Public Authorities Computer Panel and the Society of Medical Officers of Health, 42 major local health authorities in Great Britain intend to adopt, with or without modification. Since the majority of L.H.A.s now have access to computer techniques and none appears so far to have launched an application such as is here described, it is hoped that this paper may be of interest elsewhere when the potentialities of electronic data processing in the management of cervical cytology screening programmes are being examined. Unfortunately several years must elapse before the success or otherwise of such a programme can be evaluated.

SOME SOCIAL AND MEDICAL CONSIDERATIONS

In an editorial entitled "Quality control mechanism for cytology programs" Wied (1965) refers under 14 headings to 95 different points to which attention should be given in a screening project for cervical cancer. Not all of these apply in the United Kingdom, where the administrative problem is simplified by the existence of the National Health Service, but decisions have still to be made about many issues before the problem can be defined in a way which makes it possible to use a computer in a fully comprehensive scheme.

The more important of these are: how the patients are to be enlisted; who should take the smears and where; the requirements and capacities of the laboratories which will screen the smears; the arrangements to be made for reporting results; the handling of positive cases; the recall of patients; and the evaluation of the programme as a whole.

Enlisting Patients

A striking feature about the development of cervical cytology in the United Kingdom has been the paradox that strong pressure for the provision of the service has been followed by a response from the public (in areas where facilities have been provided) which has not generally reached an epidemiologically effective level.

To a postal invitation to attend for a smear a response of only 37 per cent was obtained by Ashworth, Davie, Goldie and Lenten (1966) working from a health centre, and of 40 per cent by McLaren (1965) from wives in a university community. By considerable personal effort, Newmark (1966) obtained good results in his general practice. He sent a letter of invitation to all his patients between the ages of 35 and

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50 years and, if a reply was not received, he paid a visit to the home and offered a timed appointment. If this was not kept, a second appointment was posted. By this means a response of 83 per cent was obtained, but the clerical work and the tasks of visiting the women in their homes and talking about cervical cytology in the surgery were found to be more time-consuming and laborious than the clinical effort involved. "These are tasks which, if only the structure of general practice would allow it, might largely have been done by secretaries and health visitors." Although MacGregor and Baird (1963) had only six refusals from over 1,200 hospital in-patients, only 58 per cent of patients in three general practices replied to a postal invitation for a smear. The enthusiasm of the individual general practitioners was an important factor in enlisting patients, but they state that many did not have the facilities, the time nor the will to do it and that "smears cannot be taken during routine consulting hours, except in a random fashion, and no systematic cover of all patients at risk would be possible. Special arrangements require to be made and the necessary time set aside."

Experience in other countries confirms both the importance of the medical practitioner in persuading women to have the test and also the fact that acceptance rates are not high enough to eradicate the disease. In British Columbia, where screening commenced in 1949, 53 per cent of the adult female community had been examined at least once by the end of 1962. During the first 10 years the growth rate of the programme of 30 per cent per annum was attributable almost entirely to the increasing professional interest of the local doctors (Bryans, Boyes and Fidler 1964).

In reviewing the response of women in different programmes, Wakefield and Baric (1965) conclude that only about 10 per cent are likely to use a cervical cytology service on their own initiative, perhaps another 40 per cent will do so under the stimulus of publicity, but the remaining 50 per cent will represent a hard core of resistance. They found that with the passage of time the percentage of smears taken by general practitioners increased but, in the scheme they referred to, although 500 practitioners applied for cytology kits and 250 attended a special briefing, they submitted only 2,377 smears in a year. It seems evident that, so far as cervical cytology is concerned, the full potential of the general practitioner is unlikely to be realized without central management and organization.

The average general practitioner has to take only three smears a week (for each of which a fee of 7s. 6d. will be paid under the regulations which came into operation on 1st April, 1967) in order to screen the entire population at risk in his practice over a five-year period, a level of activity unlikely to stimulate sustained interest. The situation might be transformed if, without involving the doctors in additional clerical work, arrangements were made for them to hold in their surgeries special clinics with a rapid turnover, the patients attending by timed appointments. There is also the possibility that in group practices one doctor would take a particular interest in the subject and acquire a special expertise. Moreover, a clinic of two hours attended by, say, 24 patients, would attract a fee of £9 from the Executive Council, thus providing a substantial pecuniary incentive.

Hospital Clinics and Domiciliary Nurses

At hospital clinics, smears are taken from patients attending ante-natal or gynaecological clinics and a good yield is to be expected from this population which includes all social classes. The central recording of results from this group with those from well women will avoid the duplication of appointments, and enable them to be included in the recall service and in the evaluation of the results of the scheme as a whole.

The case for the training of the domiciliary nurse to take smears has been made in this country by Osborn and Leyshon (1966). The Derby Health Department's home nurses took smears from patients in the lower social classes referred by the Department's health visitors, and a positive rate of 26.5 a 1,000 smears was obtained compared with 7.3 a 1,000 at the clinic.

The relative merits of selective and community screenings have been discussed by several writers (Wied 1965; Davis and Jones 1966; Drummond, Handfield-Jones and Wolfendale 1966). The former method emphasizes the opportunity to diagnose other pelvic pathology if a medical practitioner takes the smear. The latter method aims to obtain the maximum possible number of positive smears, particularly from patients in the lower social classes, and (on the grounds that good responses are obtained and the time of the doctor is saved) countenances the use of nursing staff to take the smears or the use of the cytopipette technique in which the patient takes the specimen herself.

MacGregor, Fraser and Mann (1966) obtained a response of 59 per cent to letters inviting patients to attend for a cervical scrape and a response of 39 per cent to an invitation to submit smears obtained by the cytopipette. When the pipettes were sent to some women who had failed to respond to three invitations to have a cervical scrape, 55 per cent were used and returned and the net result of this double approach in one practice was that only 5.4 per cent of women in social classes I, II and III and 16 per cent of women in social classes IV and V remained unscreened by either technique. However, the cytopipette technique was thought to be technically less reliable and to be inappropriate for community screening programmes.

It seems clear that provision should be made for a patient to have a smear taken by a nurse, or even to take it herself, when she cannot be persuaded to visit a doctor's surgery or a local authority or hospital clinic. With the assistance of electronic data processing, control of the flow of material to the laboratory through a number of channels should present no difficulty.

THE ANALYSIS OF THE COMPUTER SYSTEM

A working party composed of both of us, a programmer and a clerk was formed to examine the relevant social, medical and administrative considerations and to design an efficient system based on the computer (an IBM System 360, Model 40) which would encourage the orderly enlistment of patients and facilitate the work of doctors, nurses and laboratories. It was evident from the beginning that certain assumptions would have to be made; namely, that at least half the women at risk would respond, that laboratory capacity would increase sufficiently to enable all volunteers to be screened within the first five years, and that substantial numbers of general practitioners would wish to participate in the scheme. In view of the multiplicity of sources from which smears would be submitted for examination, it was also clear that the computer would have to be programmed so to control the number of smears that the available laboratory capacity would be neither underused nor overstrained.

At the time of the 1961 census, there were approximately 135,000 women in West Sussex (total population 411,613) over the age of 35 years and therefore the average annual number of smears which would have to be examined would be about 13,500. In view of the possible need for local publicity and to ensure that general practitioners would have clinics at reasonably frequent intervals with the optimum number of patients attending, it was decided that the County should be dealt with by areas, with the service operating in the territory of not more than three district councils at a time, each area being served by a different laboratory. This would also have the advantage that, after consenting to have the test, patients would not have to wait long for an appointment. Patients living outside these areas who particularly desired to have an early appointment would be referred to a nearby clinic.

There were a number of ways in which the computer file, i.e. the basic file containing particulars of women at risk, could be started. These included:—

- (a) general publicity aimed at persuading eligible women to ask for an appointment;
- (b) the use of family details already held in computer storage for other purposes; or
- (c) the household enquiry method, using labels prepared mechanically by the rating authorities;

but for three important reasons these were abandoned in favour of the electoral register being used as the basic source of material. These were that (i) the electoral roll is the most complete population file obtainable; (ii) the County Council intend to create for various purposes a file of residents compiled from the electoral register; and (iii) this was the only means which ensured that personal invitations to participate would reach all eligible women, including in particular those in social classes IV and V.

The use of the electoral register had the additional merit of making the creation and maintenance of the file relatively straightforward; computer input problems and costs would be kept to a minimum.

The Consent Letter

From the particulars obtained from the electoral register and held on the file, the computer will add names and addresses and an individually-unique six-digit link number on pre-printed letters (Appendix) which will be posted to all women living in the selected areas of the County. The letters (designed for use with window envelopes) will be in the form of continuous stationery and will be prepared by the high-speed printer at an estimated rate of 50 a minute. If no reply is received within a month, a second letter will be prepared and posted; if this produces no response, a third and final invitation will be sent. If this is ignored, the computer will add the woman's name and address to a health visitor's follow-up list for a personal visit to be made.

On the tear-off portion of the letters, women will be invited to say whether they wish to be examined, and, if so, to state a preference of service source. If they indicate that they have had a similar examination within five years, they will not (for the time being) be offered another appointment, nor will they receive an appointment if they are under 35 years of age. This is explained in the consent letter. Their particulars will be held in computer storage for appointments to be made after five years or, as the case may be, when the age limit of the priority group is reduced.

The particulars given in the completed replies will be coded in the boxes at the foot of the forms so as to add to the link number and her name and address (already in computer storage), details of the woman's district of residence (columns 8 to 10), whether or not she has consented to be examined (column 11), her civil status (column 12), her date of birth (columns 13 to 20), whether she prefers to be examined by her general practitioner or at a local authority clinic (column 21), her general practitioner's code number (columns 22 to 24) and, for those who prefer to have a test at a local authority clinic, the code of the nearest premises (columns 25 to 27). All this information will thereupon be added to the computer file.

The names of women who state that they do not wish to be examined will be added by the computer to the health visitor's follow-up list so that the benefits of the scheme can be explained more fully at a personal visit.

Appointment and Examination Procedures

Computer-produced appointment cards (designed for use in sealed window envelopes) will be sent to consenting women giving details of the time, date and place of examination; the notes on the back of the card will ask the women not to attend if the appointment coincides with the time of the menstrual period. If the first appointment is not kept, two further appointments will be offered at intervals of about two weeks and three weeks. Women who fail to respond to a third appointment will receive a home visit from a nurse trained to take smears who will have discretion to arrange an appointment at a doctor's clinic or, if the patient agrees, to take the smear herself.

Concurrently with the production of appointment cards, the computer will prepare appointment lists (Figure 1) for the general practitioners and for the local authority clinics. The details in columns 1 to 4 will be inserted by the computer before the lists are despatched.

Column 1 will contain the patient's first forename, the initials of other forenames and her surname; for ease of reference, surnames will be listed in alphabetical sequence.

Column 3: In local authority clinics, appointments will be timed at five-minute intervals. The patients of general practitioners will be invited to attend at such intervals as the doctor may choose but it will be recommended that 24 patients in a two-hour session might form an average clinic. This will make it possible for members of the Department's nursing staff (all of whom are attached to general practices) to assist. There is, however, no reason why doctors who wish to see their patients during their normal consulting hours should not do so. In this case, the computer will issue addressed appointment cards which will be forwarded to the doctor for his clerk to fill in the times of the appointments and send the cards to the patients.

WEST SUSSEX COUNTY COUNCIL: HEALTH DEPARTMENT

To!

CANCER PREVENTION: APPOINTMENT LIST

COUNTY HALL,
CHICHESTER

CLINIC/G.P. No.	
DATE OF CLINIC	

NAME	LINK No.	TIME	TYPE OF EXAM.	SMears TAKEN	BREAST EXAMINATION		NOTES.
					NEG.	POS.	
1	2	3	4	5	6	7	8

1. Column 4 shows the examination for which the patient is attending—
B = Breast,
C = Cervix.
2. Columns 5, 6 and 7—Tick the appropriate columns.
3. Please complete this form and return it to the COUNTY HEALTH DEPARTMENT immediately examinations are completed.

FORM No. 2088

Clinics only

I certify that the above procedures have been carried out by me.

Signature.....
Date.....

G.P.s only

I certify that the above procedures have been carried out by me and hereby claim fees where due.

I intend to hold my next clinic on
 at for patients
 at minutes per patient

Signature.....
Date.....

(The size of the original form is 12½in. deep × 10in. wide. The space marked by the thick line is 8in. deep on the full form.)

Column 4 shows by symbols (e.g. B for breast, C for cervix) the type of examinations for which the patient is attending. Space has been left here and at the foot of the form for other examinations (e.g. blood, urine, chest, vision) to be included in the scheme at a later date.

All the clinician is required to do clerically is to tick appropriately columns 5 (smear taken), 6 (breasts negative) and 7 (breasts positive) at the time of the examination. When an appointment list has been completed and returned to the Department by the general practitioner (with the certificate signed at the foot of the form), the computer will be updated to record the amount of fees to which he is entitled and certified financial statements will be prepared for the Executive Council at quarterly intervals. The computer will also be programmed to produce at the proper time appointment cards for, and a list relating to, the doctor's next batch of patients. From the completed appointment lists returned by both general practitioners and local authority clinics, the patient's file on the computer will also be updated to show the results of past examinations.

The laboratory request form, which contains all the details on the Ministry of Health's standard form, will be initiated by the computer in quadruplicate (no carbon required) at the time the appointment cards and lists are prepared. Some of the details on this form will be printed by the computer from information already held on the file before the form is sent to the clinician, including (i) the name and address of the patient; (ii) the date on which the smear will be taken; (iii) the laboratory code number; and (iv) if he is not the sender, the name and address of the patient's general practitioner, and details of the patient's social history and clinical particulars will be added at the local authority or general practitioners' clinics. (The hospital clinics will not have this facility but will be provided with the blank laboratory request forms). The smear and all four copies of the form will thereupon be forwarded by the clinician to the appropriate laboratory where the pathologist's report will be added.

During the analysis of this part of the system, it was learnt from discussion with consultant pathologists working in the County that they wished to maintain their own file of reports and to have the facility to put a written comment about the slide in question on the laboratory form. It was decided not to put these comments into computer storage as they were unlikely to be of use statistically in evaluating the scheme. Had the laboratories decided not to keep their own records, a retrieval system similar to that in use in the Chicago hospitals and clinics would have been provided (Wied, Meier and Clark 1964). A report, including the pathologist's comments, would have been issued upon request in any individual case together with a regular and up-to-date print-out of each laboratory's results had this been required.

Communication of Results

One copy of the completed laboratory form will remain with the pathologist and the three other copies will be returned to the Department, which will send one to the family doctor (or to the hospital doctor if he submitted the smear) and another (in order to conform with the national scheme) to the Registrar General. The information on the final copy will be added to the computer file and computer-produced notifications of negative results of breast and cervix examinations (including cases in which infection only is found) will then be sent to the patients and the family doctors; no results will be communicated to LA doctors and nursing staff.

Since designing this programme the South West Metropolitan Regional Hospital Board have decided that the work of the three local pathology laboratories which serve the County will be supplemented by two major centres, neither of which is situated in West Sussex. This raises the important question of the procedure to be adopted when positive cases (likely to be fewer than one per cent) are found at one of these centres. Many pathologists take the view that in a positive case direct communication between the pathologist, the family doctor, and the consultant gynaecologist is desirable. This is hardly practicable when a regional laboratory has examined a smear and positive smears will be reported to the Department where the medical staff will inform the family doctor. It will be left to the pathologist in the local laboratories to report positive smears themselves. Although positive results will not be issued by the computer, every result will be recorded centrally in order to avoid duplication of appointments and to permit the results to be evaluated in due course.

Recall of Patients

According to MacGregor and Baird (1963), re-screening has proved difficult in the U.S.A. because of rapid and widespread movements of population, random selection of patients screened, and the difficulty of creating a continuous and unified recording system. Experience with the vaccination and immunisation scheme has shown the computer to be an ideal instrument for providing a recall service for the individual patient at whatever interval is required by the clinician. Although arrangements are being made by the Ministry of Health for the Registrar General to provide a recall service, it was nevertheless decided to design the scheme so that it would provide its own recall service. Steps were also taken to ensure that the file will be updated each quinquennium in order to account for population movement.

DISCUSSION

The scheme described will provide an appointment system with the automatic issuing of results, a recall service and a recording service, requirements which are felt to be essential for a screening programme in an urban community. It is hoped that the personal invitation will produce a better response from the public than appeals for volunteers. Provision is made for written invitations and appointments to be repeated and for visits to be made by Health Department nursing staff to selected cases, either to discuss the subject with a view to obtaining agreement to attend a doctor for the test, or for the test to be taken by the nurse herself. The use of the cytopipette technique will be a matter for subsequent consideration. It is hoped that the compilation of a complete record will make it possible to assess whether the expenditure of clinical and laboratory effort is justifiable, and what the financial cost of the service will be.

Doctors from about 60 per cent of the general practices in the County intend to take smears from their own patients. With the co-operation of the hospital consultants, arrangements are being made for them to obtain advice about methods at a clinic, as the majority have indicated that they would like this.

Advantages of the scheme are: it will cater for the taking and examination of smears from all the major sources; co-ordinate the work of the participants; virtually eliminate clerical labour for the clinicians; provide a uniform service for the recipients; permit the flow of material to be regulated according to the capacity of the clinics and laboratories; and sequester the bulk of the material, which will be negative, to be dealt with by an automated procedure, without impeding personal communication about positive cases by the doctors concerned where that is practicable.

It has been held (Powell 1966) that in a state health service "changes of policy must be sudden and they must be absolute". The piecemeal introduction of a service is not possible because if it "is useful and needed in one place it must be equally useful and needed in any other". The scheme described here is comprehensive in the sense that it has been designed to provide for the whole of the West Sussex population at risk, but its operation will nevertheless proceed piecemeal, since areas will be dealt with in sequence and the flow of material will be controlled by varying the number of appointments issued according to the clinical and laboratory facilities available. In the preventive (unlike the therapeutic) field, there is normally no urgency to satisfy the demand for a service. Indeed, demand is a bad guide. Despite considerable demand from certain quarters, cervical cytology, in Britain as elsewhere, has benefited least the section of the population most at risk, and to that extent the skills of professional workers have not been used to the best advantage. The real problem is not to satisfy a demand but to create it in the social classes most at risk.

Moreover, if a system such as the one described, with the appropriate protocols and with adequate financial support, had been established experimentally in the United Kingdom in a single administrative area of adequate size at an earlier date (it is now 18 years since screening was started in British Columbia), the recent decision of the central government (Ministry of Health Circular 18/66) to commit scarce and expensive clinical and laboratory resources to a national population screening programme might have been modified in the light of better scientific evidence than is at present available. According to Knox (1966) the efficacy of cervical cytology programmes has still to be determined.

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REFERENCES

- Ashworth, H. W., Davie, H. M., Goldie, H. and Lenten, J. (1966). *Brit. Med. J.*, ii, 1454.
- Bryans, F. E., Boyes, D. A. and Fidler, H. K. (1964). *Amer. J. Obst. and Gynec.*, 88, 898.
- Davis, H. J. and Jones, H. W. (1966). *Amer. J. Obst. and Gynec.*, 96, 605.
- Drummond, J., Handfield-Jones, R. P. C., and Wolfendale, M. R. (1966). *J. Coll. Gen. Practit.*, 1, 61.
- Galloway, T. McL. (1963). *THE MEDICAL OFFICER*, 109, 232.
- Knox, E. G. (1966). "Problems and Progress in Medical Care." Oxford University Press, London.
- MacGregor, J. E., and Baird, D. (1963). *Brit. Med. J.*, i, 1631.
- MacGregor, J. E., Fraser, M. E., and Mann, E. M. F. (1966). *Lancet*, i, 252.
- McLaren, H. C. (1956). *J. Obst. and Gyn. of the Brit. Comm.*, 72, 139.
- Ministry of Health Circular 18/66 dated 21st October, 1966.
- Newmark, R. W. (1966). *J. Coll. Gen. Practit.*, 12, 86.
- Osborn, G. R., and Leyshon, V. N. (1966). *Lancet*, i, 256.
- Powell, J. Enoch (1966). "A New Look at Medicine and Politics." pp. 50, 52. Pitman Medical Publishing Co., London.
- Wakefield, J., and Baric, L. (1965). *Brit. J. Prev. Soc. Med.*, 19, 151.
- Wied, G. L. (1965). *Acta Cytologica.*, 9, 407.
- Wied, G. L. (1965). *Ibid.*, 9, 335.
- Wied, G. L., Meier, P., and Clark, L. M. (1964). *Ibid.*, 8, 385.

APPENDIX

West Sussex County Council: Health Department

Chichester 85100 extn. 375

Date:

County Hall,
Chichester.

CANCER PREVENTION

Arrangements are being made for women in West Sussex to have a routine personal examination with a view to preventing the onset of cancer of the womb and of the breast.

The examinations are painless and take only a few minutes to complete. They will be carried out by appointment and will be free of charge. They may be done either by your own doctor, or, if you prefer, by a lady doctor at special clinics established by the County Council for this purpose. For the time being, priority will be given to women over the age of 35 years but, if you are younger, you should register now and an appointment will be made for you at the appropriate time.

Whether or not you wish to be examined, please complete and return this form without delay in the enclosed pre-paid envelope. You will not then be troubled with further invitations which will be sent automatically if no reply is received.

T. McL. GALLOWAY
County Medical Officer of Health

TEAR OFF HERE

Please complete either section A or section B

Confidential

To the County Medical Officer of Health

CANCER PREVENTION

Section A

Tick where appropriate

1. Please make an appointment for me to be examined

EITHER (i) By my family doctor ☐
OR (ii) At a County clinic ☐

N.B.—If you choose an appointment with your family doctor and he is unable for the time being to do the examination you will be offered an appointment at a clinic.

2. Family doctor's name (and, if known, initials)

3. Date of birth.....

4. I had a similar examination in (year)

Date..... Signature (Mrs./Miss).....

Section B

5. I do not wish to be examined either by my family doctor or at a clinic ☐

Date..... Signature (Mrs./Miss).....

OFFICIAL USE ONLY

Link No.	District	Consent	C.S.	Date of birth	G.P./ clinic	G.P. code	Clinic code
2—7	8—10	11	12	13—20	21	22—24	25—27

Mrs./Miss.

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